Program Administrators and Coordinators: Professional Growth and Development

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Chair, AHME Council of Program Administrators and Coordinators (COPAC)
GME Manager, Academic Affairs | JPS Health Network

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AHME Academy
Phoenix, AZ
NO DISCLOSURES FOR YOU
Disclaimer

• Please remember:

✓ Job descriptions, evaluations, promotions, salaries, roles are very institution specific – one size does not fit all.

✓ The submission to Human Resources generally must come from the administrative supervisor and it can be a lengthy and delicate process.

✓ Pace Your Expectations!
Objectives

• Describe the use of Program Administrator/Coordinator Milestones as a tool for competency-based self-reflection, professional development, and evaluation.

• Discuss the variety of career paths available to Program Administrators/Coordinators and the job description elements that best enable you to get there.

• Discover the multitude of resources available for Program Administrators/Coordinators for professional development.

• Introduce Journal Clubs as a method to increase the professional development of Program Administrators/Coordinators, while strengthening personal networks and improving public speaking skills.
STORY WRENCH
“Story Wrench”

• Program Administrators/Coordinators deal with the unexpected all day long; faculty, residents, fellows, and medical students unexpectedly throw things at you; therefore, impacting your “script.”

• When this happens, you must be able to pivot in the moment and think “on the fly;” while seeing every “wrench” as a gift to learn from and improve your creative problem-solving skills.

• Storytelling also provides a way to connect with others and create a collaborative relationship.

• You will take turns telling a fairytale together.
“Story Wrench”

How To “Story Wrench”
✓ One of you will start the fairytale while the other listens and throws random words out.
✓ The storyteller will incorporate the random words into the story.
✓ The roles will reverse and the story will continue where it left off.

Tips For Success:
✓ Do not worry about not knowing the fairytale; it will not matter.
✓ When the storyteller role switches, take over where your partner left off.
✓ Take your time as the storyteller.
✓ Take your time throwing words at the storyteller, so he/she has time to incorporate those words.
✓ Do not sabotage your partner with the words you throw out.
Debriefing “Story Wrench”

• Which did you prefer more, Storytelling or Object Throwing? Why?

• What skills did you need to use to be successful?

• Storytelling in this fashion creates a collaborative relationship of give and take, all while setting each other up for success.

• This activity enhances listening and “on the fly” problem solving.

• Participants are able to become more creative as the exercise continues; all while, improving conflict resolution, enhancing teamwork, and increasing empathy skills.
What Does Success Look Like To **YOU**?

- Success looks different to everyone.

- There is no “right” or “wrong” path.
  - ✓ Upward Mobility versus Lateral Moves?

- Success is about **YOU**.
  - ✓ What drives you?
  - ✓ What is your passion?
  - ✓ What brings you joy?

"It’s really more of a lateral move, which is great for me!"
Medical Education Administrator
Career Paths

• “Program Level”
  ✓ Program Assistant → Program Coordinator/Administrator → Program Manager
  ✓ Multi-Program Manager
  ✓ Administrative Director
  ✓ Associate Program Director

• Centralized “GME Office”
  ✓ Institutional Coordinator
  ✓ GME Manager/Director
  ✓ Assistant DIO
  ✓ Regional/Division Director

• “Other”
  ✓ Curriculum Development
  ✓ Quality Improvement/Patient Safety
  ✓ Research Director
  ✓ National Organizations (Specialty Society, Residency Management Systems, AMA, AAMC, ACGME, etc.)
Trainee Milestones
(Resident and Fellows)
Trainee Milestones

Milestones are a significant point in development that helps define the appropriate developmental trajectory of a trainee. Milestones are competency-based developmental outcomes that can be demonstrated progressively by residents and fellows.

Competencies: Specific knowledge, skills, behaviors, and the appropriate educational experiences required of residents to complete GME programs.

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- System-Based Practice
Trainee Milestone Benefits

• **Benefits of Milestones (Program):**
  ✓ Supports better assessment
  ✓ Early identification of struggling trainees
  ✓ Guides curriculum development
  ✓ Provides framework for CCC

• **Benefits of Milestones (Trainee):**
  ✓ Provides more transparent expectations of performance
  ✓ Supports better self-directed assessment and learning
  ✓ Facilitates better feedback for professional development
<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
<th>Inconsistently able to acquire accurate historical information in an organized fashion</th>
<th>Consistently acquires accurate and relevant histories from patients</th>
<th>Acquires accurate histories from patients in an efficient, prioritized, and hypothesis-driven fashion</th>
<th>Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not collect accurate historical data</td>
<td>Does not perform an appropriately thorough physical exam or misses key physical exam findings</td>
<td>Seeks and obtains data from secondary sources when needed</td>
<td>Performs accurate physical exams that are targeted to the patient’s complaints</td>
<td>Identifies subtle or unusual physical exam findings</td>
</tr>
<tr>
<td>Does not use physical exam to confirm history</td>
<td>Fails to recognize patients’ central clinical problem or develops limited differential diagnoses</td>
<td>Consistently performs accurate and appropriately thorough physical exams</td>
<td>Synthesizes data to generate a prioritized differential diagnosis and problem list</td>
<td>Efficiently utilizes all sources of secondary data to inform differential diagnosis</td>
</tr>
<tr>
<td>Relies exclusively on documentation of others to generate own database or differential diagnosis</td>
<td>Fails to recognize potentially life threatening problems</td>
<td>Uses collected data to define a patient’s central clinical problem(s)</td>
<td>Effectively uses history and physical examination skills to minimize the need for further diagnostic testing</td>
<td>Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing</td>
</tr>
</tbody>
</table>

**Comments:**
Program Administrator/Coordinator Milestones
Measuring Competency

• How do you currently measure and evaluate your competency? Is a tool used?

• How does your supervisor currently measure and evaluate your competency? Is a tool used?

• Are these two tools similar? Are you and your supervisor “speaking the same language”?
In February 2015, Joy Hilton (University of Virginia) presented at the Annual ACGME Program Coordinator Forum on Program Administrator/Coordinator Milestones.

In March 2018, Kerrie Parr (University of Buffalo) and Willo Sullivan (Dartmouth-Hitchcock Medical Center) presented on Program Administrator/Coordinator Milestones during an AHME Webinar.

GME Personnel are familiar with the concepts of competencies and milestones for evaluation, so there is no need to “reinvent the wheel.”
Competencies

Program Administrator/Coordinator Competencies:
- ✓ Personal Care (PC)
- ✓ Medical Education Knowledge (MEK)
- ✓ Practice-Based Learning and Improvement (PBLI)
- ✓ Interpersonal and Communication Skills (ICS)
- ✓ Professionalism (PROF)
- ✓ System-Based Practice (SBP)
# Program Administrator/Coordinator Competencies

## Personal Care (PC)
- Identifies and engages in practices that promote personal wellness
- Identifies and engages in practices that promote work/lifestyle balance

## Medical Education Knowledge (MEK)
- Knowledge of Medical Education and Technology (i.e., ERAS, RMS, WebADS, etc.)
- Knowledge of Accrediting Agencies and Governing Bodies (i.e., ACGME, Boards, etc.)

## Practice-Based Learning and Improvement (PBLI)
- Proactive versus Reactive: Learns in the face of change
- Learns and improves through continuous feedback
Program Administrator/Coordinator Competencies

Interpersonal and Communication Skills (ICS)

• Communicates effectively with program personnel and members of the interprofessional team (i.e., GME Office, Clinical Practice, Patients, etc.)
• Displays personal accountability and responsibility, both the good and bad (“Own It”)

Professionalism (PROF)

• Demonstrates initiative and accountability: Follows through on tasks and assignments
• Represents the organization and program in a positive manner

System-Based Practice (SBP)

• Coordinates and implements practices that enhance program recruitment
• Works efficiently and effectively to secure all required evaluations
<table>
<thead>
<tr>
<th>Achievement Levels</th>
<th>Early Learner</th>
<th>Solid Performer</th>
<th>Seasoned</th>
<th>Aspirational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry</td>
<td>Does not complete tasks independently; knowledge gap/needs guidance to complete required tasks.</td>
<td>Completes most tasks, but may need multiple reminders or support; not consistent with task completion.</td>
<td>Completes tasks independently and in a timely manner; does not need reminders or follow-up.</td>
<td>Uses knowledge to make informed decisions and prioritize tasks to ensure timely completion.</td>
</tr>
<tr>
<td></td>
<td>* Entry level doesn’t automatically mean poor performer, can simply be lack of exposure.</td>
<td>* Typically an Administrator with less than two years of experience.</td>
<td>* Typically an Administrator with two to four years of experience.</td>
<td>* Typically an Administrator with five years of experience. (Requires empowerment by administration.)</td>
</tr>
</tbody>
</table>
## Milestone Examples…

### Learns and Improves in the Face of Change (PBLI)

<table>
<thead>
<tr>
<th>Entry</th>
<th>Early Learner</th>
<th>Solid Performer</th>
<th>Seasoned</th>
<th>Aspirational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose not exhibit acknowledgement of uncertainty and does not have the experience to formulate process improvement framework strategies.</td>
<td>Rarely &quot;slows down&quot; to reconsider an approach to a process, ask for help, or seek new, more efficient methodologies.</td>
<td>Inconsistently &quot;slows down&quot; to reconsider an approach to a process, ask for help, or seek new, more efficient methodologies.</td>
<td>Routinely &quot;slows down&quot; to reconsider an approach to a process, ask for help, or seek new, more efficient methodologies.</td>
<td>Searches medical education resources efficiently, guided by the characteristics of process improvement.</td>
</tr>
<tr>
<td>Lacks familiarity to be able to recognize/adapt to ever-changing medical education policies and/or program requirements at the institutional and governing agencies levels.</td>
<td>Unsure of how to adapt to ever-changing medical education policies and/or program requirements but recognizes updates need to occur.</td>
<td>Aware of the strengths and weaknesses of the training program in the face of new medical education policies and/or program requirements.</td>
<td>Independently assimilates new policies and program requirements from within the program, the institution and governing agencies.</td>
<td>Role models how to review medical education policy reform and educates all members of the medical education team.</td>
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<td></td>
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</tbody>
</table>

Willing to let go of the “this is the way it’s always been done” philosophy.
## Milestone Examples...

### Learns and Improves Via Feedback (PBLI)

<table>
<thead>
<tr>
<th>Entry</th>
<th>Early Learner</th>
<th>Solid Performer</th>
<th>Seasoned</th>
<th>Aspirational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware of how to solicit feedback.</td>
<td>Rarely seeks feedback.</td>
<td>Solicits feedback only from supervisors.</td>
<td>Solicits feedback from all members of the interprofessional team.</td>
<td>Performance continuously reflects incorporation of solicited and unsolicited feedback.</td>
</tr>
<tr>
<td>Actively resists feedback from others.</td>
<td>Responds to unsolicited feedback in a defensive fashion.</td>
<td>Is open to unsolicited feedback.</td>
<td>Welcomes unsolicited feedback.</td>
<td>Able to reconcile disparate or conflicting feedback.</td>
</tr>
<tr>
<td></td>
<td>Temporarily or superficially adjusts performance based on feedback.</td>
<td>Inconsistently incorporates feedback.</td>
<td>Works to incorporate feedback.</td>
<td>Consistently incorporates feedback to continuously improve performance.</td>
</tr>
</tbody>
</table>
Self-Reflection, Evaluation, and the Milestones
Importance of Self-Reflection

• **Self-reflection helps to build self-awareness.**
  ✓ By taking the time to ask yourself the important questions, you gain a better understanding of your emotions, strengths, weaknesses and driving factors.
  ✓ In gaining this understanding, you become more adaptable to changing situations and tough circumstances.

• **Integrity increases when you take time to reflect on core values.**
  ✓ Knowing your values. This allows you to place them at the forefront of your mind and strengthens your decisions.

• **Prevents stagnation.**
  ✓ Taking time to think allows for new ideas and innovation to occur, both required for professional development.
Self-Reflection To-Do’s

• Self-reflection only works if used for improvement.

• Be in the proper mindset to complete.
  ✓ Be Positive, but Be Honest.

• Ensure you are in the appropriate physical space.
  ✓ If possible, close your door for 15-30 minutes to prevent interruptions.

• Complete at the frequency appropriate for you.
  ✓ This pace will be different for everyone.
  (i.e., Biweekly, Monthly, Quarterly, etc.)
Using the Milestones as a Self-Reflection Tool

- Provides a concrete and quantifiable avenue to measure competencies versus personality driven process.

- Used as a trajectory guideline over time; both personal growth and progression.
  - Highlights both talents (successes) AND areas for improvement.

- Allows the opportunity for an individual documentation of self-driven initiatives. (Goal-Setting)

- Provides consistency for each self-reflection experience.
  - Same Six Competency Areas Measured
    - (Personal Care, Medical Education Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and System-Based Practice)
  - Same Five Quantifiable Levels
    - (Entry, Early Learner, Solid Performer, Seasoned, and Aspirational)
Using the Milestones as an Evaluation Tool

• Puts both the Administrator/Coordinator and Evaluator on the “same page” in preparation of the evaluation meeting.
  ✓ Allows for consistency...
  same six competencies and same six achievement areas.

• Can be used to clarify Job Responsibilities, update Job Descriptions, and assist in funding requests.

• For Milestones to be successful as an Evaluation Tool:
  ✓ Must be individually completed by both the Administrator/Coordinator and Evaluator.
  ✓ Other team members must also complete to provide ample feedback
    (Team members may not need to complete Milestones for all six competencies.)
Administrator/Coordinator
Job Descriptions
Evolution of the Program Administrator/Coordinator

- The Program Administrator/Coordinator is a central member of the residency leadership team and is essential for the success of any Residency or Fellowship Program. The Program Administrator/Coordinator is the “glue” that keeps the program running smoothly.

- There has always been a Program Director, with ultimate program oversight. This appointed faculty member already had a secretary or clerical assistant. By default, this person was also given responsibilities associated with the training program.

- As the ACGME Program Requirements became increasingly complex, the scope and functions of the position increased; bringing the need for a higher skill-set.

- Through these changes, this once clerical or secretarial position evolved into the role of Program Administrator/Coordinator.

- The Program Administrator/Coordinator role is a career.
Importance of a Job Description

• Performance Management
  • Details the expectations and essential functions of the role
  • Can be used to set specific, measurable performance goals
  • Aids in the evaluation of job performance

• Assists in the creation of training and development plans
  • Participation in courses and seminars when required

• Rewards and Recognition
  • Sets a baseline for performance, encourages employees who go “above and beyond”

• Assists in the creation of training and development plans
  • Can highlight courses/seminars needed

• Discipline/Areas For Improvement
  • Illustrates areas where an employee is not adequately performing or meeting expectations
What is a job family?

- Defined as “a series of related job titles with progressively higher levels of impact, knowledge, skills, abilities (competencies), and other factors, providing for promotional opportunities over time.”

Entry Level
(Program Assistant or Program Associate)

Intermediate Level
(Program Administrator I or Program Coordinator I)

Senior Level
(Program Manager or Program Coordinator II)
Level Characteristics

**Entry Level**
(Non-Exempt Status)

Assists, tracks, and organizes residency or fellowship related administrative activities through applying fundamental knowledge.

May provide administrative support such as calendaring, meeting scheduling, and event planning related to program needs for the Program Director.

**Intermediate Level**
(Exempt Status)

Collaborates in management, interpretation, and analysis of certain aspects of the training program and implements changes approved by program leadership.

Prepares, coordinates, and monitors related administrative activities through the application of broad GME knowledge.

**Senior Level**
(Exempt Status)

Provides high level programmatic management, analysis and interpretation for the training program through comprehensive GME knowledge.

Makes recommendations and advises on changes to the program based on needs, program/institution requirements, and implements changes.
<table>
<thead>
<tr>
<th>Level Qualifications</th>
<th>Entry Level (Non-Exempt Status)</th>
<th>Intermediate Level (Exempt Status)</th>
<th>Senior Level (Exempt Status)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Required Qualifications</strong></td>
<td>✓ Associate’s Degree or equivalent experience ✓ 1 - 2 years of Office Experience ✓ Demonstration of strong organizational skills, and attention to detail</td>
<td>✓ Bachelor’s Degree or equivalent experience ✓ 3 - 5 years of Professional/Administrative Experience ✓ Demonstration of strong communication skills, ability to work independently</td>
<td>✓ Bachelor’s Degree or equivalent experience ✓ 5 - 8 years of Progressive Administrative Experience ✓ Demonstration of independent decision making, management skills, and strong communication skills</td>
</tr>
<tr>
<td><strong>Desired Qualifications</strong></td>
<td>✓ Bachelor’s Degree ✓ Knowledge of hospital policies and procedures</td>
<td>✓ C-TAGME ✓ GME/Medical Education Experience</td>
<td>✓ C-TAGME ✓ Master’s Degree ✓ Effective Presentation Skills</td>
</tr>
</tbody>
</table>
Duty Categories

• Program Accreditation
• Curriculum Development
• Department Liaison (Communications)
• Resident/Fellow Scheduling
• Finance
• Policies and Procedures
• Human Resource Functions
• Meeting Organization
• Residency/Fellowship Recruitment
# Detailed Duties – Program Accreditation

## Entry Level
- Tracks and gathers data
- Inputs answers into surveys and reports
- Handles arrangements for site visits, self-study, and special reviews
- Maintains Program Evaluation Committee (PEC) Action Item list

## Intermediate Level
- Manages oversight of Program Evaluation Committee (PEC) Action Item list
- Manages required documentation, preparations for, and participates in site visits, self-studies, and special reviews
- Revises content to include in surveys and reports
- Initiates forms, including creating responses, and gathers documentation for Graduate Medical Education Committee review and approval

## Senior Level
- Creates accreditation application for Graduate Medical Education Committee review and approval as well as accreditation organization (i.e. complement increase)
- Creates self-study, site visit, and special review documentation
- Develops responses to citations and areas for improvement
- Makes recommendations for Program Evaluation Committee Action Items
Detailed Duties – Resident and Fellow Schedules

**Entry Level**
- Inputs schedule into Residency Management System
- Enters call schedule into paging
- Tracks vacations and conferences
- Runs work hour compliance and submission reports

**Intermediate Level**
- Ensures curriculum requirements are met by training level and accreditation
- Communicates with off-services and outside hospitals
- Manages rotation schedule throughout the academic year
- Maintains necessary Program Letters of Agreement (PLAs)

**Senior Level**
- Makes recommendations to program leadership about new or improved educational experiences in response to deficiencies
- Assists with investigation and development of new off-site rotations (creates GMEC documentation for approval)
- Critically analyzes work hours, including making recommendations to resolve violations
## Detailed Duties – Meeting Organization

<table>
<thead>
<tr>
<th><strong>Entry Level</strong></th>
<th><strong>Intermediate Level</strong></th>
<th><strong>Senior Level</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Schedules administrative meetings</td>
<td>- Applies knowledge to give input on agenda, provides background information and is an integral part of the discussion</td>
<td>- Leads GME staff meetings for Department</td>
</tr>
<tr>
<td>- Prepares agenda and materials</td>
<td>- Active participant</td>
<td>- Leads discussions</td>
</tr>
<tr>
<td>- Takes minutes and distributes appropriately</td>
<td></td>
<td>- Makes recommendations for improvement at Program Evaluation Committee and Self-Study meetings</td>
</tr>
</tbody>
</table>


**Detailed Duties – Policies and Procedures**

**Entry Level**
- Distributes policies and procedures
- Understands policies and procedures

**Intermediate Level**
- Educates new Program Directors on accreditation, institutional, and Department policies and procedures
- Interprets policies and procedures for residents and fellows

**Senior Level**
- Evaluates program policies to ensure alignment with institutional policies and accreditation requirements
- Creates program training manuals and materials
- Creates policies and procedures
- Counsels on impact of policies and procedures
Updating Your Job Description for Professional Growth

1) Carefully read through your job description.
   - List your most important responsibilities first.
   - List any new responsibilities added since the last review.
   - Delete duties that are no longer applicable.
   - Use action verbs to describe each responsibility, task, or project (i.e., monitors, develops, reports, etc.)

2) Document any needed changes.

3) Schedule a meeting with your supervisor to review your job description.
   - Should be done at least annually.
   - Provide him/her with a copy to ensure he/she has time to review prior to meeting.
Updating Your Job Description for Professional Growth

5) At the meeting:
   ✓ Review each entry on your job description.
   ✓ Discuss how you handled the new tasks.
   ✓ Highlight specific accomplishments your boss may be unaware of.
   ✓ Share concern about any aspect of your job, work together to create a plan to move forward.
   ✓ Bring up expanding your responsibilities and explain how you are qualified to do so. (i.e., new project or supervision of others)
     ▪ Be prepared for the “No” and have prepared answers to refute.
   ✓ Ask for training in a new area, or one you would like to improve in.
     ▪ Detail how training will not only benefit you, but the entire department or organization.

6) After the meeting, redraft your job descriptions to include the discussed changes/revisions.

7) After approval from your supervisor, submit to your Human Resources Department.
Professional Development Resources
“You must be involved to evolve.”
- Dr. Juanita Braxton (2018 AHME Webinar)

- Participate at all levels (local, regional, national); when involved, your professional network is greatly increased – improving your trajectory.

- Association for Hospital Medical Education (AHME)
  ✓ COPAC (Council of Program Administrations and Coordinators)
  ✓ COIL (Council of Institutional Leaders)

- ACGME Coordinator Advisory Group

- Specialty Board/Coordinator Societies
  ✓ ARAS (Association of Residency Administrators in Surgery)
  ✓ EMARC (Emergency Medicine Association of Residency Coordinators)
  ✓ APDIM Program Administrator’s Council (Association of Program Directors in Internal Medicine)
Certifications

• C-TAGME: Training Administrators of Graduate Medical Education (National Board Certification)

• Six Sigma Certification (Project Management)
  ✓ White Belt
  ✓ Yellow Belt
  ✓ Green Belt
  ✓ Black Belt
  ✓ Master Black Belt

• Institute for Healthcare Improvement (IHI) Basic Certificate in Quality and Safety
Other Development Tools

• Webinars/Online Modules
  ✓ Partners in Medical Education (*Example: Special Reviews, Helpful not Hurtful*)
  ✓ AHME (*Example: How to do Scholarly Activity in Medical Education: A Primer for GME & Program Administrators*)
  ✓ Ohio State University Faculty Development (*Example: Understanding Generational Differences*)
  ✓ AMA GME Competency Education Program (*Example: Cultural Competency*)

• Reading
  ✓ Specialty Society Publications (*Example: An Administrator’s Guide to Department of Internal Medicine*)
  ✓ HC Pro (Residency Program Alert and Residency Coordinators Handbook)
  ✓ Journal of Graduate Medical Education
  ✓ ACGME Common Program Requirements

• Personality/Career Aptitude Testing
  ✓ Strengthfinders
  ✓ Myer-Briggs
  ✓ DISC
  ✓ PathSource
Contact Me...

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cdiez@jpshealth.org
References


Questions…
Journal Clubs for Professional Development

Camilla Mendell
Medical Education Program Administrator
Dermatology, Endocrinology and Orthopaedic Surgery Fellowships
I have nothing to disclose
What is a journal club?

• A group of individuals who meet regularly to critically evaluate recent articles in the academic literature

• Usually organized around a defined subject
What is academic literature?

Academic literature can include:

• books
• academic journal articles
• published expert reports

Academic literature has usually been peer-reviewed by experts on its topic for accuracy and quality before being published.
Journal Club History

• 1835 – St. Bartholomew’s Hospital - London, England
• 1875 – McGill University – Montreal, Canada
• 1889 - Johns Hopkins Hospital – Baltimore, United States
• 2016 – University of Vermont Medical Center Program Administrators - Burlington, Vermont
Journal Club Aims for Physicians

• Improve critical reading skills

• Keep up to date with the latest literature

• Use latest research to improve clinical practice
Journal Club Aims for Program Coordinators/Administrators

• Increase professional development

• Strengthen personal and professional networks

• Use knowledge gained to improve GME programs
How Journal Clubs work

• A committee is formed to create an AIM statement, establish dates and locations, and identify articles to be discussed.

• The committee sends the articles via email, along with 2-3 questions about each article to members 2-3 weeks before journal club, enabling members to critically read each article.
How Journal Clubs work

• Journal club members read the articles and come prepared for an informal discussion.

• A facilitator introduces each article, gives a brief summery and leads a group discussion.

• Each member is encouraged, but not required, to participate in the discussion and to share take home points with the group.
What can I gain from joining?

• Critical reading skills
• Presentation skills
• Confidence in discussing academic literature
• Leadership skills
• Public speaking skills
• Research based program changes
• Opportunities to network and collaborate with coordinators/administrators from other institutions
Journal Club Future

2019

Phoenix Medical Education Program

Coordinators/Administrators

Journal Club
Journal Club Information

November 7th, 2019  4-5 pm.
Phoenix Children’s Hospital Conference Center
2632 N 20th St. Phoenix, Arizona 85006
1st Floor, Conf. Room 104
(Free parking available in attached garage)
Articles to be reviewed

• **We Matter Too! Addressing the Wellness of Program Coordinators in Graduate Medical Education** Alana M. Ewen, MPH; Paula M. Gardiner, MD, MPH; Sandra Palma, BA; Kathryn Whitley, BA, C-TAGME; Jeffrey I. Schneider, MD

• **Program Coordinator Professional Development: Definition, Perception of Importance, Motivating Factors, and Barriers** Lauralee Dubois, BS, C-TAGME, Theresa Marsh, BS, Lindsay B. Demers, MS, PhD
Questions?
References

The journal club and medical education: over one hundred years of unrecorded history; Mark Linzer, MD

How to Organize a Journal Club for Fellows and Residents Li Xiong, MD, PhD; Anne-Katrin Giese, MD; Marco Pasi, MD; Andreas Charidimou, MD, PhD; Susanne van Veluw, PhD; Anand Viswanathan, MD, PhD Stroke. 2018;49:e283-e285.
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cmendell@phoenixchildrens.com