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The results are in: 2015 Program Coordinator Salary Survey

Since 2007, **Residency Program Alert** has conducted a survey of residency program coordinators with questions about their salary and work environment to study how the role is changing. After a drop in the number of respondents last year to just 322, this year's survey bounced back with 584 respondents.

Before we dive into this year's results, let's take a look at the previous surveys for context. Results from past surveys had shown an upward trend in annual salaries. The percentage of respondents earning less than $30,000 a year had dropped from 12% in 2007 down to just 2% last year. Respondents earning $30,000–$40,000 during that same time period from fell from 44% to 21%. Meanwhile, the higher salary ranges steadily rose, most dramatically in the $50,000–$60,000 range from 9% to 24%. Respondents reporting salaries of $60,000–$70,000 or more also doubled.

This year's results show these changes in respondents' salaries may be slowing down. There were no changes in the lower ranges, decreases in the middle ranges, and slight gains in some of the higher salary ranges. Of those who responded to our 2015 survey:

- 2% earned less than $30,000
- 21% earned $30,000–$40,000
- 34% earned $40,000–$50,000
- 24% earned $50,000–$60,000
- 12% earned $60,000–$70,000
- 4% earned $70,000–$80,000
- 3% earned more than $80,000

Keen observers may notice that we've raised the highest salary bracket in this year's survey from "more than $70,000" to "more than $80,000." Also, even though the salary options on the survey are broken down into $5,000 increments, we have usually presented the salary ranges in increments of $10,000. This was done to make data comparisons easier because our early surveys only offered salary options in $10,000 increments. For the remainder of this analysis, we will be using the more specific salary ranges whenever possible. For a closer look at this year's salary results with salary ranges broken down into $5,000 increments, see Figure 1.

Comparing this year's results to the previous two surveys from 2014 and 2012, the percentage of respondents in the three lowest salary ranges stayed the same as the 2014 results, after significant drops from 2012. (See Figure 2.) Respondents earning less than $30,000 made up 2%, as it was in 2014 when it dropped three percentage points from 2012. The exact same thing happened for the percentage of respondents earning $30,001–35,000: 7% reported this amount this year and in 2014, down from 10% in 2012. Likewise, respondents earning $35,001–$40,000 remained at 14% since last year, five points down from 2012.

It's at the $40,001–$45,000 salary range where results begin to differ from 2014. The percentage of respondents reporting this amount dropped four points to 18%. The percentage of respondents earning $45,001–$50,000 and $50,001–$55,000 also decreased by one point each.

At the $55,001–$60,000 salary range we finally see an increase in respondents over last year to 11%, which is the highest percentage increase in this year's survey. The $60,001–$65,000 and $65,001–$70,000 salary ranges also increased slightly since 2014.

In response to these findings, GME consultant **Ruth Nawotniak, MS, C-TAGME,** says, "Payers appear to be recognizing the value of the coordinator and the value of the position as salaries have increased."

In previous surveys, the most significant changes in salary were in the far ends of the salary options we provided. Over the course of six surveys, we saw the percentage of respondents earning less than $30,000 fall as the percentage earning more than $70,000 steadily rose. In last year's analysis we presented a graph illustrating this trend, and this year we have updated it with the 2015 figures to show how both salary ranges have plateaued. (See Figure 3.) Since the inclusion of a salary of "more than $80,000" was new this year, respondents who selected it were grouped with those making $70,000 or more for this graph.

Despite the stagnation of growth in the highest salary range, salaries grew overall as any decreases in the middle ranges were made up for in the higher ranges. Respondents are also reporting their individual salaries have increased. The majority of respondents reported a pay increase in the last 18 months mostly due to a performance-related review or an annual/contractual

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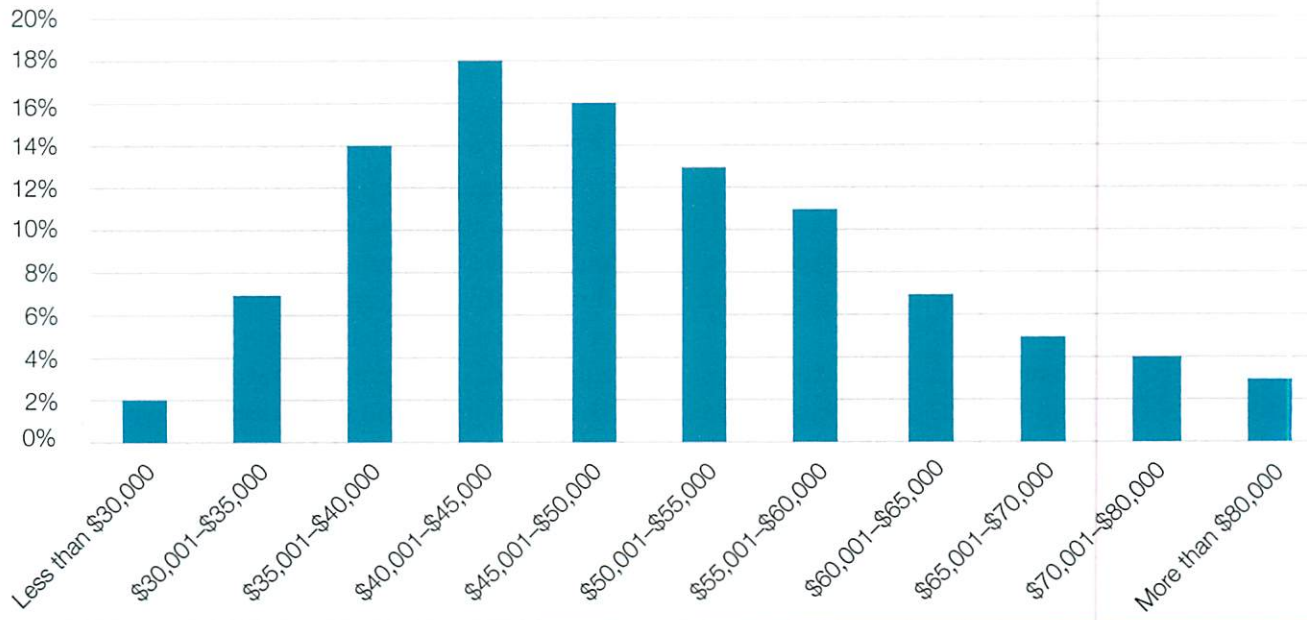
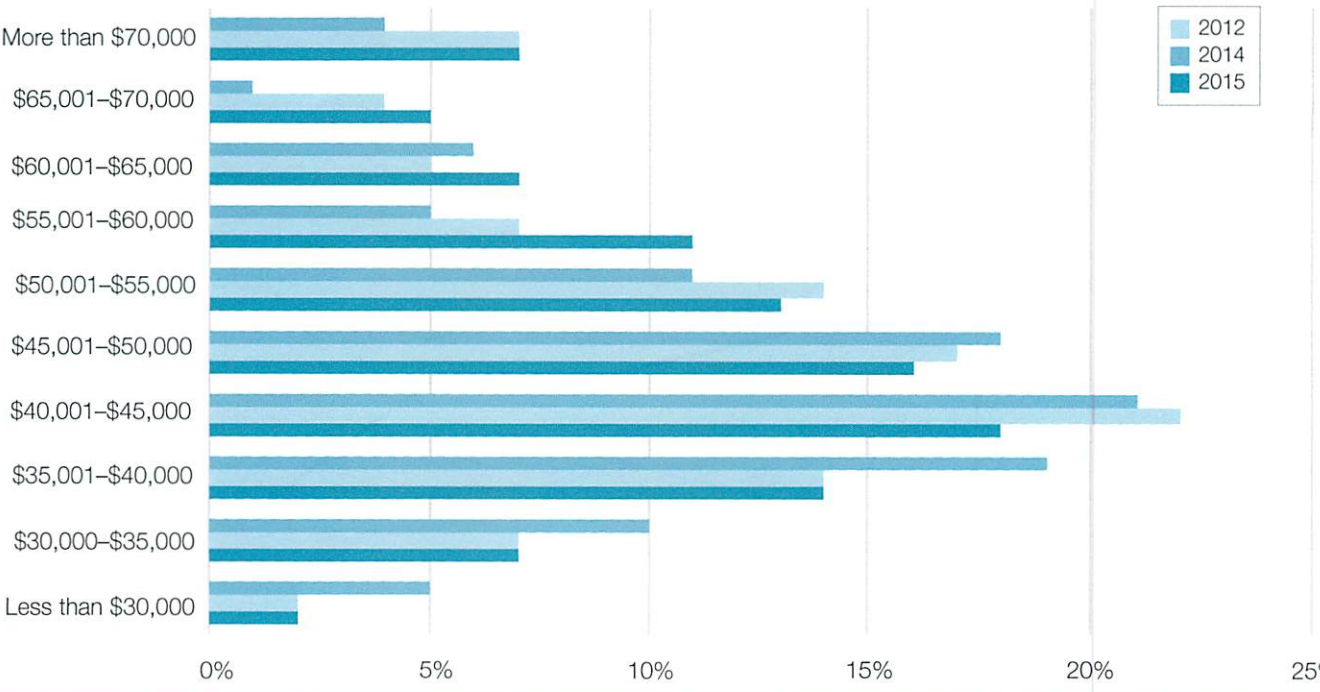
Figure 1: Annual salaries, 2015



Source: 2015 Residency Coordinator Salary Survey.

Figure 2: Salary range, year over year (2012–2015)



Source: 2015 Residency Coordinator Salary Survey.

raise. (See Figure 4.) This, however, did not apply to everyone. About 2% of respondents reported they did not receive a raise, and several said they had not seen an increase in their salary in five years.

Eleven percent of respondents cited a change in job title as the reason for a pay increase. Since our first survey, we have been tracking respondents' job titles and have noticed a few trends. One is the fact that respondents' titles are wide ranging, despite encompassing many of the same duties. The number of title options provided in the survey has nearly doubled since its early years. We offer a dozen options for titles, and more than one-fifth of respondents still list their title as "other."

Over the years, the survey data has also shown that the percentage of respondents who identify themselves as residency program coordinators has been slowly decreasing. Just in the past year, the percentage of residency program coordinators dropped five points, while other titles have risen, such as resident and fellowship program coordinator, program manager, and academic program manager/administrator. (See Figure 5.)

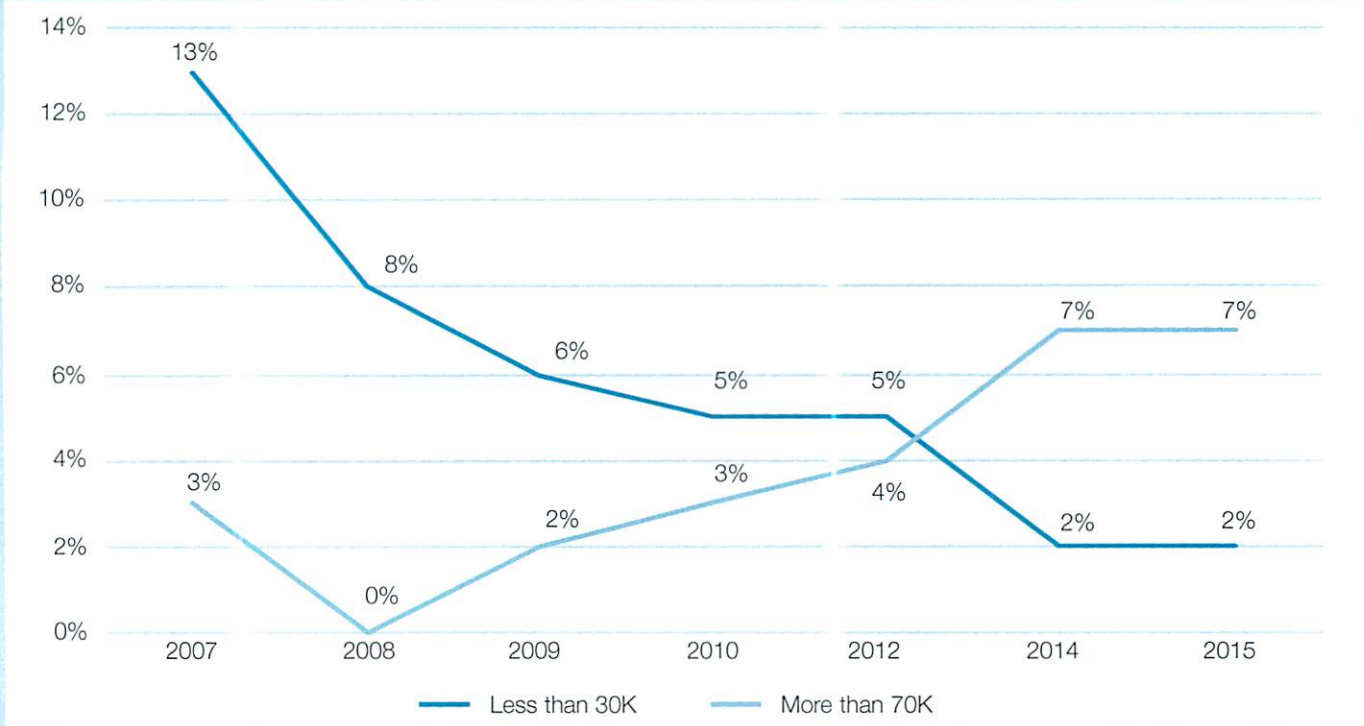
Melinda A. Feldkircher, education manager at the Cleveland Clinic's OBGYN & Women's Health Institute, says the change in titles could be a result of how GME functions within each department are restructuring in response to the changes in ACGME requirements, especially in regards to the Next Accreditation System and the Milestone implementation.

"There is so much more that is required of program management as compared to previous years. Years ago, it would be appropriate to have a medical secretary doubling as a program coordinator and handling the administrative program responsibilities. This is no longer appropriate and hasn't been for years. As program requirements are changing and programs are being asked to do more, you really need to have someone at a higher level to manage the program," Feldkircher says.

Other factors that influence salary

"It's hard to comment on the [survey] results," says **Maggie Klein, BBA,** executive secretary and pediatric pathology coordinator at the Wayne State University

Figure 3: Coordinators with the lowest and highest salaries



Source: 2015 Residency Coordinator Salary Survey.

School of Medicine in Detroit. "It appears that some coordinator positions are all over the map (excuse the pun) as far as responsibility, education required, salary, recognition, etc."

This year's survey revealed some fairly drastic changes in the education level of respondents. After seeing a slight rise last year, the number of respondents reporting high school diplomas as their highest level of education dropped 10%. That was likely caused by the rise in respondents reporting associate's degrees as their highest level of education—that percentage rose six points to 25%, bringing it in line with the level from 2012. (See Figure 6.)

The percentage of respondents with master's degrees, which has stayed fairly consistent from 2012 to 2014, also saw a gain of five points this year to 14%. More than half the respondents with master's degrees have been in their current position for 3 to 10 years. About one-quarter have been in their positions for two or fewer years. The remaining respondents with master's degrees have been in their positions for 11 to 14 years (6%), 15 to 19 years (15%), or more than 25 years (1%).

Similarly, respondents with associate's degrees have mostly been in their positions for 3 to 10 years (56%), followed by 11 to 19 years (26%), two or fewer years (17%), and 20 or more years (11%).

Along with the question regarding the highest level of education attained, we added a question to this year's survey on what is the minimum education level required for the respondent's role. Comparing the results of both questions, it appears that respondents are going above and beyond the education requirements for their roles. Forty percent of respondents reported that a high school diploma was the minimum requirement, but only 27% said it was their highest level of education. Similarly, 40% of respondents said a bachelor's degree was required, but only 33% said it was their highest level of education attained. This could go a long way to explain the 14% who have master's degrees despite it only being reported as a requirement by 2%. More respondents are also earning associate's degrees than

State-by-state salary breakdown

RPA recently conducted its annual residency coordinator salary survey, completed by 584 readers nationwide over a five-week period. As seen in years past, geographic location plays a role in determining how much a coordinator earns.

Coordinators in 45 states, Washington, D.C., and Puerto Rico participated in the survey. Thirty-four states had a large enough sample size to calculate an average state salary. Although 11 states did not have enough submissions to calculate a state average, their data was used when calculating the regional averages. These states are Delaware, Hawaii, Maine, Mississippi, Nevada, New Mexico, North Dakota, Oklahoma, Rhode Island, South Dakota, and Wyoming, as well as Washington, D.C., and Puerto Rico.

The following is the list of the average salary breakdown by state:

- Washington: $63,800
- Colorado: $61,400
- California: $58,000
- Massachusetts: $57,700
- New York: $57,300
- Minnesota: $57,100
- Oregon: $56,250
- Iowa: $55,500
- Connecticut: $54,400
- Georgia: $53,800
- Maryland: $51,300
- Texas: $51,200
- Florida: $51,000
- New Jersey: $50,400
- Arizona: $48,800
- Illinois: $48,400
- Wisconsin: $47,100
- Kentucky: $46,800
- Indiana: $46,600
- Kansas: $46,300
- Utah: $46,300
- Pennsylvania: $46,200
- Ohio: $46,000
- Virginia: $45,500
- South Carolina: $45,200
- Tennessee: $45,100
- West Virginia: $44,500
- Missouri: $44,300
- Michigan: $44,300
- Arkansas: $43,800
- Louisiana: $42,000
- North Carolina: $41,800
- Nebraska: $40,800
- Alabama: $39,500

Note: All state numbers represent an average based on salary ranges.

Source: 2015 Residency Coordinator Salary Survey.

required: One-fourth of respondents have associate's degree, but only 19% said it was a requirement.

As previously mentioned, respondents with only high school diplomas saw the biggest drop this year. One might speculate that these respondents would have spent the least amount of time in their current position, having not had a chance to earn a degree. However, the amount of time reported by these respondents covered a wide range and was very similar to the durations reported by respondents with associate's degrees. Here's the breakdown of time respondents with high school diplomas have spent in their current roles:

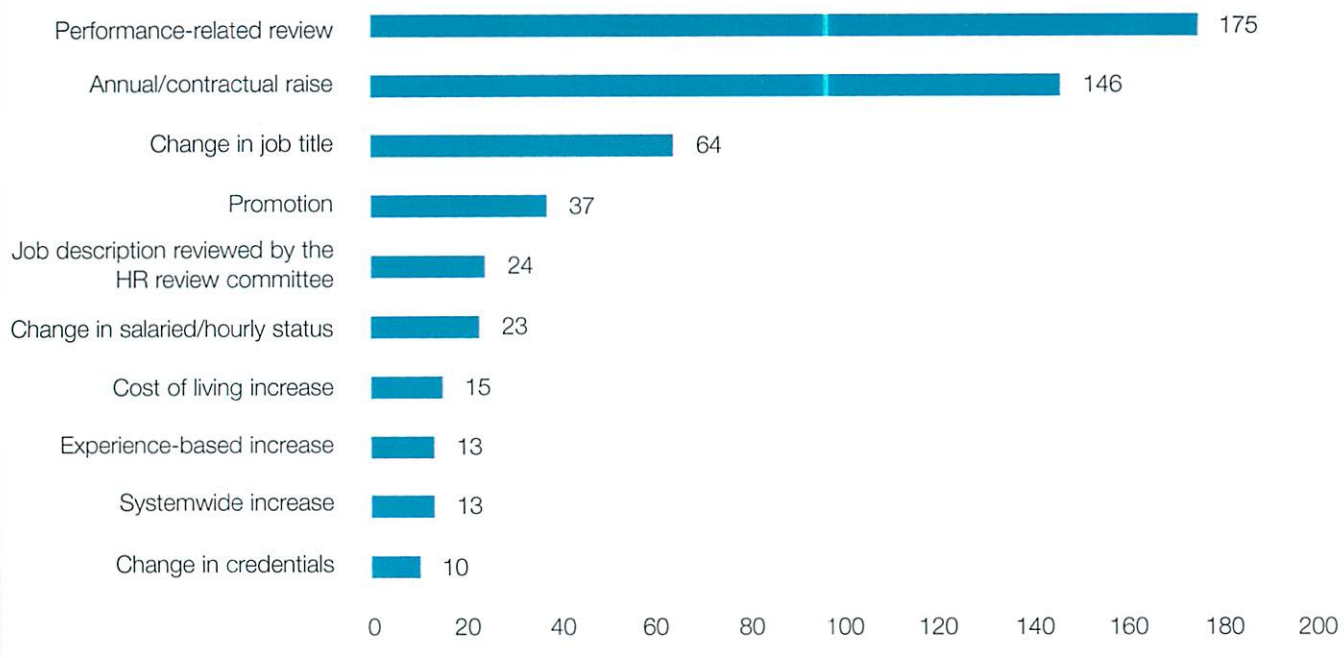
- Less than two years: 15%
- 3 to 10 years: 57%
- 11 to 19 years: 19%
- More than 20 years: 9%

As expected, respondents reporting higher levels of education tend to earn more. For example, there are fewer respondents with master's degrees earning $50,000 or less than those with bachelor's or associate's degrees, or high school diplomas. Interestingly, the same percentage (11%) of respondents with master's degrees, bachelor's degrees, and high school diplomas earn a salary in the $50,001–$55,000 range. However, at the $55,001–$60,000 range, the percentage of respondents with master's degrees jumps up to 17%, leaving respondents with bachelor's degrees (13%), associate's degrees (8%), and high school diplomas (9%) behind. For the full salary breakdown by education level, see the sidebar on p. 9.

Geographic location is often cited as a factor in physician salaries, and the same can be said for the salaries of those in GME. Depending on where one lives, salary can vary by almost $7,000. The average salaries of respondents by region were:

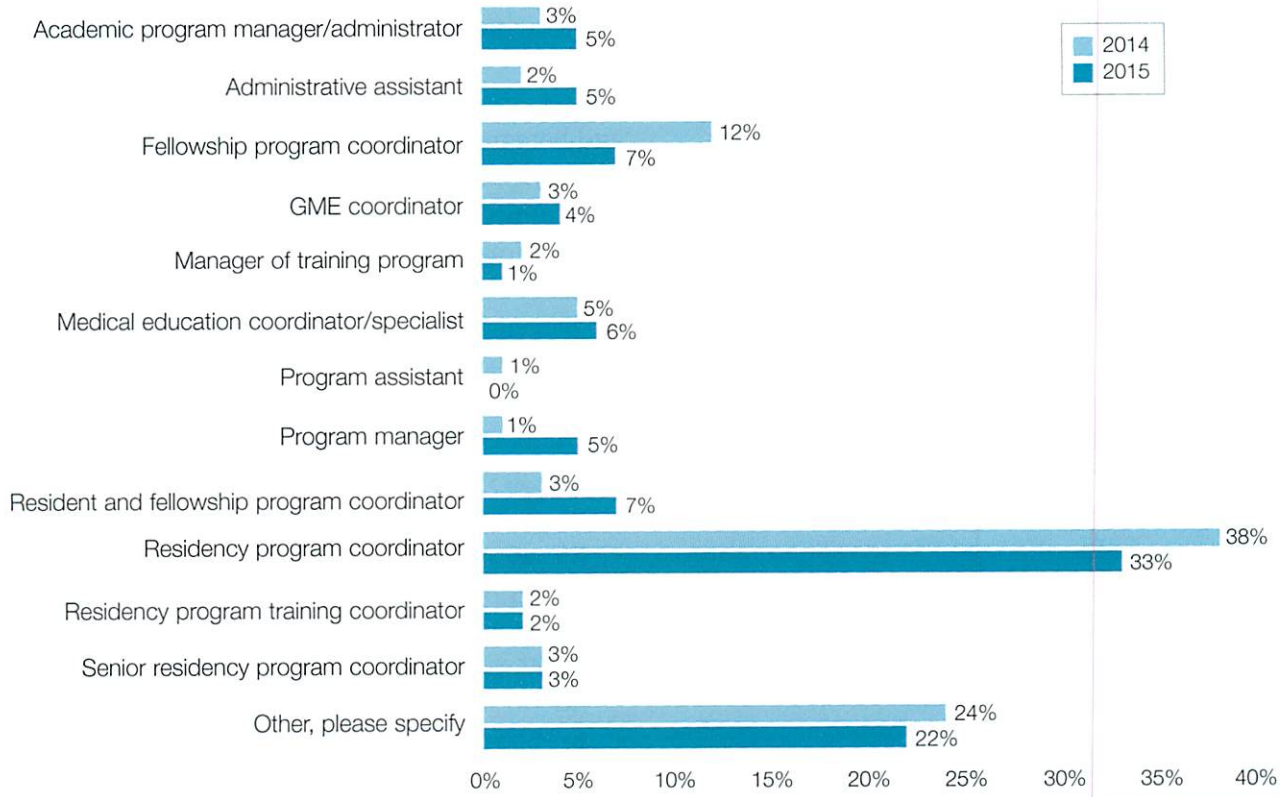
- Pacific (California, Oregon, Washington, Alaska, Hawaii, Arizona): $54,870
- Northeast (New England, New York, New Jersey): $49,966
- Midwest (Indiana, Illinois, Iowa, Michigan, Ohio, Wisconsin, Minnesota): $49,285
- Mid-Atlantic (Pennsylvania; Delaware; Maryland; Virginia; Washington, D.C.; West Virginia; North Carolina): $49,185

Figure 4: Reason for pay increases



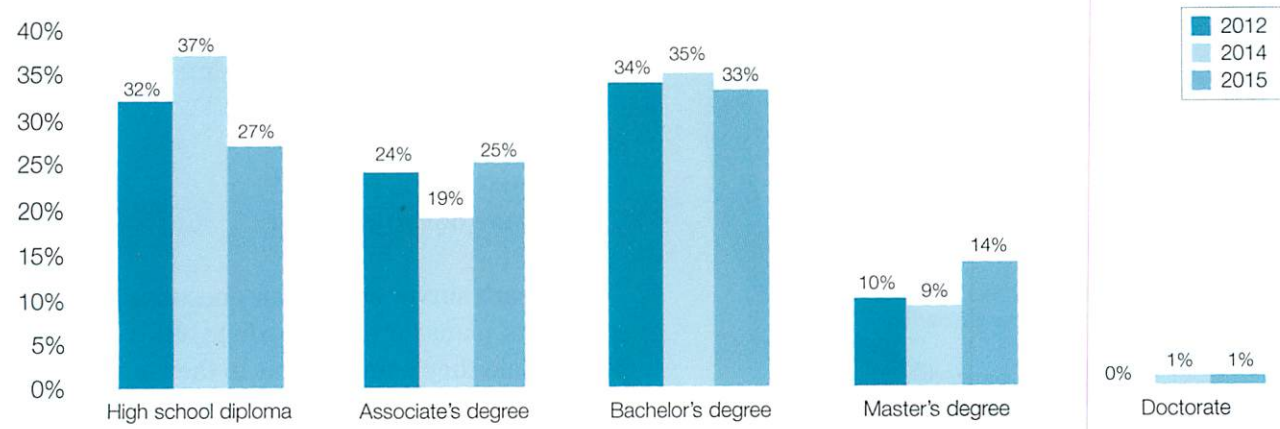
Source: 2015 Residency Coordinator Salary Survey.

Figure 5: What is your official job title? (2014-2015)



Source: 2015 Residency Coordinator Salary Survey.

Figure 6: What is your highest level of education attained?



Source: 2015 Residency Coordinator Salary Survey.

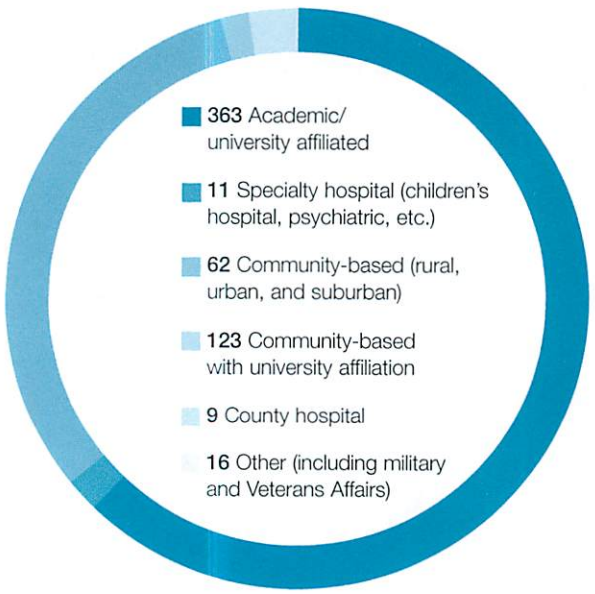
- Southeast (Mississippi, Florida, Georgia, South Carolina, Tennessee, Louisiana, Alabama, Arkansas): $48,075
- West (Wyoming, Idaho, Montana, North Dakota, South Dakota, Colorado, New Mexico, Utah, Nevada): $46,457
- Central (Texas, Oklahoma, Nebraska, Kansas, Missouri, Kentucky): $45,733

Please note that these averages do not take other factors into account, such as job title or education. For a state-by-state average salary breakdown, see the sidebar on p. 5.

A snapshot of program coordinators

The 584 survey participants represent coordinators from 45 states, Washington, D.C., and Puerto Rico. The most represented states were New York, Ohio, Michigan, California, and Florida. There were only five states without any survey representation: Alaska, Idaho, Montana, New Hampshire, and Vermont.

Figure 7: What type of institution sponsors your program?



Source: 2015 Residency Coordinator Salary Survey.

The respondents manage programs in more than 30 specialties and 60 subspecialties. The most common specialties reported were family medicine, internal medicine, psychiatry, surgery, and emergency medicine. The most common subspecialties were cardiovascular disease, child and adolescent psychiatry, pediatric subspecialties, gastroenterology, and hematology/oncology. While the vast majority of these programs are academic/university-affiliated, community-based programs also have a sizable representation. (See Figure 7.)

Survey respondents came in all ages. The following is the percentage of respondents in each age range, with the corresponding percentage from the 2014 survey in parentheses:

- Under 25 years old: 1% (1%)
- 26–30 years old: 5% (5%)
- 31–35 years old: 9% (7%)
- 36–40 years old: 12% (13%)
- 41–45 years old: 11% (9%)
- 46–50 years old: 16% (12%)
- 51–55 years old: 16% (20%)
- 56–60 years old: 17% (20%)
- 61–65 years old: 10% (10%)
- 66–70 years old: 2% (3%)
- Older than 70: 1% (0%)

Although the majority of respondents fell within in the 46–60 age range this year, the actual percentage is down from the 2014 survey. There was also an increase in younger survey takers this year, with 15% of respondents reporting they were 35 or younger, up from 13% last year.

About 4% of respondents said they would be retiring in the immediate future. Of those intending to retire:

- 15% were 51–55 years old
- 30% were 56–60 years old
- 45% were 61–65 years old
- 10% were 66–70 years old

This year's survey added new questions about the respondents' plans for the immediate future. Ninety-one percent said they intend to stay in their current position for the immediate future. Those who didn't plan on staying and weren't retiring were pretty closely split between those who would be seeking a new position

within GME and those seeking a position outside GME.

"It is good to see that many coordinators who are changing jobs are staying within GME," Nawotniak says.

Stay tuned for next month's newsletter where we'll present survey results regarding ratios of coordinators to residents, work hours per week, job-related challenges, and much more.

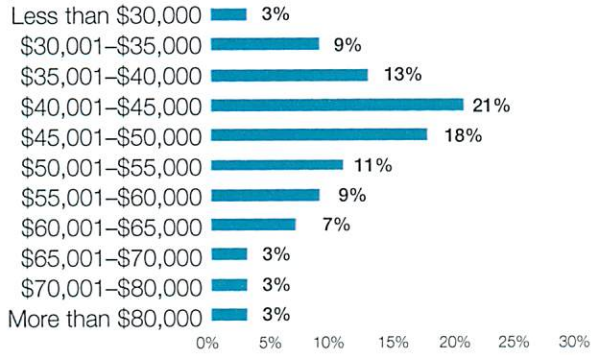
EDITOR'S NOTE

The 2015 Residency Coordinator Salary Survey was open from March 16 to April 27, 2015, and received 584 complete responses. Values were rounded to the nearest whole number; values of 0.1 to 0.4 were rounded down; values of 0.5 or higher were rounded up.

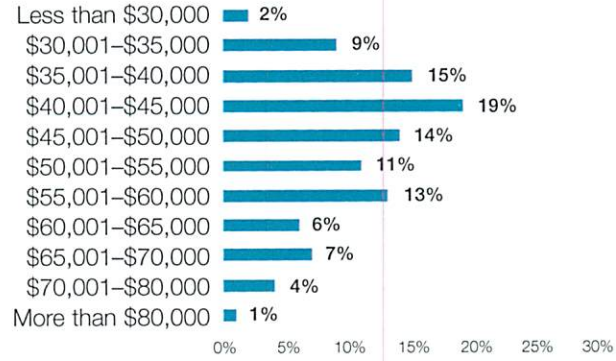
Salary breakdown by education level

A person's highest level of education has long been known to influence how much he or she earns. Below are the salary breakdown of survey participants based on their reported highest level of education.

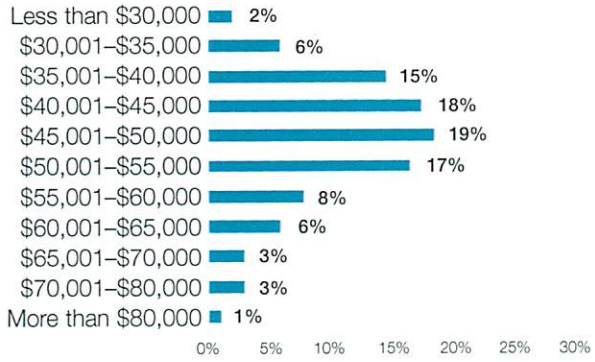
High school diploma



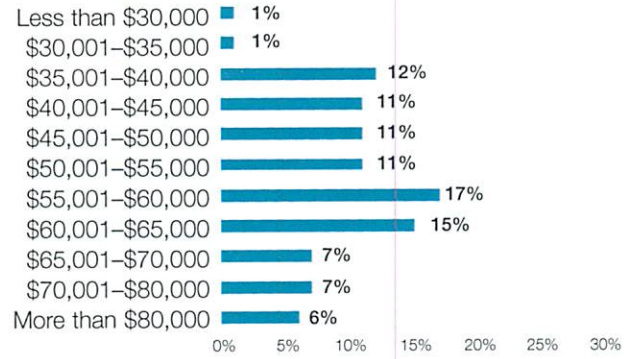
Bachelor's degree



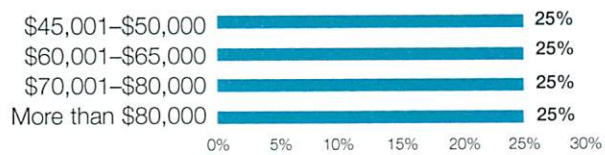
Associate degree



Master's degree



Doctorate



Source: 2015 Residency Coordinator Salary Survey.

Coordinator's corner

Tips for running a successful orientation

With new resident orientation just around the corner, **Residency Program Alert** asked its readers for their advice on running an organized orientation. Program coordinators wrote in with advice you can use to keep your orientation on track while also making sure it's fun for new residents.

Plan your schedule early

As soon as possible, determine the dates for orientation activities, says **Sheilah Jiménez, C-TAGME,** pediatric residency program coordinator at Children's Hospital Colorado in Aurora. Because calendars can fill up quickly, getting an early start can ensure that rooms are reserved and save-the-dates are sent to key people involved in orientation.

At the Cleveland Clinic, required institutional courses are announced as early as February, says **Melinda A. Feldkircher,** education manager at the Cleveland Clinic's OBGYN & Women's Health Institute. "As soon as the institutional orientation dates are announced, many of the coordinators rush to get the dates that are within the orientation time period and before clinical trainees start on service."

When creating an orientation schedule, it's best to start early, Feldkircher says. Consider the institutional courses and requirements that have to be met first, then fill in the rest of the schedule with your department requirements, department speakers, and shadowing.

Stay organized

"I think most coordinators are organized by nature, which is imperative, especially during this time of year," says Jiménez. "It is a matter of finding the right tools to help keep one organized and on top of things."

Timelines and detailed checklists can be helpful, she says, since it can sometimes be easy to forget important tasks during onboarding and orientation. Jiménez also uses an Excel spreadsheet to keep track of any paperwork/items that are needed from the new interns. "This way, I can tell in a glance who has not submitted their paperwork."

Consider the GME office to ease the workload

"If you have a centralized GME office, they likely will have an institutional GME orientation. This will cover many of the institutional onboarding requirements, such as ID badges, occupational health screenings, lab coats, and lockers," Feldkircher says.

"If you're GME office is decentralized and there is not much institutional support, it is likely the program coordinator will have to organize the entire orientation schedule. And, all of the onboarding will have to be done at the program-level," Feldkircher notes.

Cut down on emails

Instead of sending out email after email to new residents, Jiménez suggests setting up an electronic newsletter that compiles information in one easy-to-find place, which can then be sent out once a week or however often is needed. Her program's newsletter, the *INTERNational Report,* includes information about housing, childcare, area factoids, orientation, and any other knowledge that needs to be communicated to the new interns.

Time and effort can also be saved by keeping templates of standard emails—welcome emails, detailed instructions on the onboarding process, etc.—that go out each year, says Jiménez.

Address residents' needs

In response to resident requests for more information about what is expected for each rotation, **Sylvia Zavatchen,** diagnostic radiology residency program coordinator at Cleveland Clinic's Imaging Institute, says the entire rotation orientation process was revamped. It was replaced with a new three-pronged approach to rotation orientation.

A list of 21 questions was developed addressing items residents wanted to know more about. New residents now meet with a senior resident for a roundtable discussion in which those questions are answered. The new residents then walk through the reading room and/or patient care area with a faculty member, who will also address the same 21 questions. The process is repeated one more time with a nurse or technician. The goal is to provide the residents with a very clear idea of what is expected from them.

Solicit feedback

Jiménez also recommends asking the interns to fill out a survey shortly after orientation. Questions can address different aspects of the orientation, such as what worked, what interns wish they had more of, suggestions for next year, etc.

"I find that a lot of useful information can be garnered from these surveys in order to make improvements each year," she says.

Remember to include time for bonding

At the Penn State Hershey Children's Hospital, new residents are sent on a scavenger hunt designed by the chief residents, says **Stephanie McCartney,** pediatric and med-peds residency coordinator.

As a team-building exercise, residents are divided into groups and earn points for taking photographs of the items on their hunt list, which can include local landmarks, certain members of the staff, and locations such as the resident call room and sim lab. The team with the most points receives gift cards from a local restaurant.

Team building and bonding is important during orientation. The OBGYN chief residents at Cleveland Clinic will host a resident-only happy hour during the interns orientation before they start on service. "The happy hour is impromptu after the chief residents spend the afternoon with the interns going over call scenarios, rotation and call schedules, ACGME case logs, etc. Afterwards, a group of the current residents and interns will head out for a happy hour," Feldkicher says.

One of the residents also hosts a resident-only mixer at their home, Feldkircher says. ""While the department does host an intern welcome for faculty to meet the new interns, they really want to spent time with the current residents. They want to get to know who they will be spending the next four years with and what life in Cleveland is like."

Wanted: Guest columnists for *Residency Program Alert*

Residency Program Alert is looking for residency/fellowship program coordinators, program directors, GME office staff, and residents interested in writing guest columns. If you have any advice or ideas you want to share with our readers, we'd like to hear it.

Please email Associate Editor Son Hoang at *shoang@hcpro.com* if you would like to contribute a column or even just a story idea for a future issue.

Provide residents with the tools and training to succeed

With new resident orientation just around the corner, HCPro has three training videos to help your residents, as well as faculty and administrators, tackle tough residency issues.

Ethics for Residents: A Training Tool to Build Confidence and Competency provides you with the perfect support for a comprehensive ethics training program in graduate medical education.

The ACGME advocates the inclusion of medical ethics in the residency curriculum and has also linked ethics to the core competencies. However, incorporating ethics into residency training can pose significant challenges. Residency program directors and GME professionals have been charged with the task of teaching and assessing these competencies and ethics for medical residents although they may not possess formal training in the teaching of ethics.

Conduct expectations are often touched on during resident orientation. However, if a program fails to provide additional guidance regarding such expectations, residents can be caught unprepared to handle ethically challenging situations. This video can be used during orientation as well as throughout resident training to:

- Teach residents to effectively address challenging ethics issues
- Meet the ACGME requirements for a structured ethics curriculum
- Build residents' skill and confidence to deal with difficult patient care issues, such as full disclosure, informed consent, and end-of-life conversations

ACGME Core Competencies: A Training Tool for Faculty and Residents is a valuable tool for residency administrators who must familiarize faculty members, new coordinators, and residents with the core competencies.

The ACGME requires residency program directors and coordinators to document and assess resident competence in six areas: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

While it is important that residents and faculty understand these competencies, it is difficult to find the time to teach and explain this initiative. This video clearly defines and demonstrates each competency.

This video provides:

- An overview of ACGME's six general competencies
- Case-based scenarios that demonstrate how each patient interaction provides an opportunity for residents to demonstrate competency
- A resource to help residents understand and comply with ACGME competency requirements

Disruptive Residents: A Guide to Developing and Promoting a Culture of Zero Tolerance teaches how to prevent costly lawsuits and workplace tension. This valuable resource shows the importance of intervention when a resident displays disruptive behavior. It provides a guide to prevention and management of various kinds of disruptive behavior, including angry outbursts, inappropriate comments, and refusal to comply with graduate medical education policies.

Studies have confirmed that physicians disciplined by state medical boards are the same physicians who, as students, were misbehaving in medical school and residency. Residents and administrators must confront disruptive resident behavior and prevent the complications that can ensue before it's too late.

This training video:

- Gives viewers a step-by-step guide to disruptive behavior, which can be used as a preventive training tool for incoming residents and administrators
- Provides a thorough explanation from a medical staff expert of zero tolerance for disruptive resident behavior
- Offers behavioral guidance to disruptive residents and a tool for remediation that can be used by residency program staff

For more information about any of these training videos or to place your orders, please visit http://hcmarketplace.com/subject/residency.