PROGRAM COORDINATOR MANUAL

Updated October 2025 by
Amira Hodzic MHL, C-TAGME
Senior Fellowship Coordinator, Anesthesiology
WashU Medicine

Table of Contents

Introduction

The objective of this manual is to provide Program Coordinators with the information they need to accomplish the goals of the residency and/or fellowship program effectively. Since many issues discussed here also appear in the ACGME Guide and the ACGME Program Director's Guide, this manual cross-references several important topics. The manual also refers to the ACGME Institutional and Program Requirements, which may be found on the ACGME Website. As with any attempt at a comprehensive manual, there will undoubtedly be subjects that have not been addressed or issues that could be discussed more fully.

The Residency and/or Fellowship Program Coordinator is accountable to a number of individuals and organizations, including the Department Chairperson; Program Director; Hospital Consortium and its Designated Institutional Official; the Offices for Graduate Medical Education, House Staff Office and the Accreditation Council for Graduate Medical Education (ACGME). It is the ACGME that develops standards for most graduate medical education programs, assesses programs' compliance with Institutional Requirements, Common Program Requirements, and specialty specific Program Requirements, and accredits training programs based on site surveys.

Administrative Responsibilities of Program Coordinators:

- Assistant to the Program Director
- Serve as liaison with outside agencies and outside rotation site personnel
- Manage and organize the recruitment process
- Conduct appointment and re-appointment of residents/fellows
- Maintain data system management of program
- Maintain accurate and complete files for the program and residents
- Coordinate promptly with requests by the ACGME, GME Office and / or Office of Compliance for information, documentation, etc.
- Process and collect documentation for rotators from other institutions
- Coordinate the ongoing departmental activities such as grand rounds
- Track financial budget for the training program
- Provide credentialing of present and former residents

And much more….

**Note: this list is subject to differ from one program to another*

Office of Graduate Medical Education

The Office of Graduate Medical Education (GME) provides an organized administrative system to oversee all residency and fellowship programs. Under the direction of the Associate Dean for Graduate Medical Education / Designated Institutional Official (DIO), the office provides instruction and support to the program directors, coordinators, and house staff officers of our various training programs.

Responsibilities of the Office of GME include (but are not limited to):

- Oversight and Management of Resident/Fellow Education
- Designated Institutional Official (DIO)
- Monitor ACGME and other Agencies' Regulations
- Provide Support to the Program Directors, Program Coordinators, and Housestaff Officers
- Approve Requests in ACGME Accreditation Data System (Web Ads)
- Maintain Affiliation Agreements and Program Letters of Agreements
- Program Evaluation and Accreditation
- Institutional Review
- Conduct Midpoint Internal Reviews of sponsored ACGME programs
- Institutional Official National Residency Match Program (NRMP)

Accreditation Council for Graduate Medical Education (ACGME)

The Accreditation Council for Graduate Medical Education (ACGME) is a private, nonprofit council that evaluates and accredits residency and fellowship programs in the United States. Accreditation of a residency or fellowship program (core and subspecialty) indicates that it is judged in substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education including Institutional Requirements and Program Requirements. Visit the ACGME website for further information on the various accreditation status and requirements (institutional and specialty).

Specialty Specific Requirements

The ACGME maintains requirements not only for institutional sponsorship of programs but also for specific training programs in general and subspecialty areas. These Institutional and Program Requirements may be found on the ACGME website. These requirements supplement the policies and procedures of the Consortium and of the institution at which the program is based.

Web Data Collection Systems (WebADS)

The Web Accreditation Data Collection Systems (WebADS) is a secure Internet based data collection system on the ACGME website that collects and maintains data on trainees, program structure and leadership, activity for the program, and sponsoring institutions. Each program must log in to WebADS to update general program information, maintain current trainee records, and submit a yearly update on program status.

Resident/Fellow Files

Each house staff member in an ACGME approved residency or fellowship program *should* have a file containing the following (keep for at least 5 years post completion of training):

- Resident/fellow's application and supporting materials such as letters of recommendation.
- Copy of signed and approved contract for each year of training.
- Final summary evaluation of any resident/fellow who has completed your program. This evaluation should include verification of achievement of core competencies and should state that this physician is able to "practice independently and competently" in their field of training.
- Final copy of any applicable procedure logs upon completion of training.

- Verification of any prior training. This verification of training is required for the: PGY--1 year if your program starts in the PGY--2 year, for all core training program years if yours is a fellowship program, and when a resident/fellow transfers to your program.
- All trainee evaluations (may be periodic summaries).
- Notes from twice-yearly (or quarterly) meetings with program director or other advisor/mentor.
- Procedure logs.
- Copies of additional certifications (i.e. ACLS, PALS).
- Copies of institution--specific training module certificates (i.e. HIPAA, ELM, Sleep Deprivation).
- Duty hours logs.

Core Competencies

The ACGME mandates that training program must require their trainees to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their trainees to demonstrate:

- Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- Medical Knowledge about established and evolving biomedical, clinical and cognate (i.e. epidemiological and social/behavioral) sciences and the application of this knowledge to patient care.
- Practice--Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- Interpersonal and Communication Skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.
- Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Case and Procedure Logs

Every trainee in an ACGME accredited specialty or subspecialty program is required to maintain a log of every OR case in which he/she participates over the course of his/her training. Trainees in non-surgical programs may be required to log technical procedures. Each program is required

to monitor these logs and ensure that the trainees are getting sufficient experience as identified by the specialty's ACGME program requirements.

The ACGME maintains a data system for this purpose on its website at www.acgme.org. The program coordinator typically serves as system administrator, updating information about the resident users, assigning user passwords, and running reports. Data from the ACGME website can be downloaded and stored in the permanent training record. Case logs must be reviewed as part of each trainee's evaluation and maintained in the trainee's file.

Curriculum

Each training program must establish and distribute a curriculum containing goals and objectives for the residency or fellowship. Goals and objectives must be delineated by rotation and by year of training. Program faculty and trainee representatives must have annual documented meetings to review the curriculum.

Program Letters of Agreement

The ACGME requires that a Program Letter of Agreement be developed for each institution to which trainees rotate. This Agreement is signed by the Program Director, DIO, and the Sponsoring Institution.

The maximum duration of a Program Letter of Agreement is 10 years and must contain the following information: a) the names of all faculty who will assume both educational and supervisory responsibilities for trainees; b) faculty responsibilities for teaching, supervision, and formal evaluation of trainees; c) the duration and content of the educational experience; and d) the policies and procedures that will govern trainee education during the assignment.

House Staff and Program Management

House staff is a term used to describe interns, residents, and clinical fellows. They are physicians and surgeons in specialty training at a hospital who are receiving additional training after graduation from medical college.

Recruitment of House Staff

A major activity of the residency or fellowship program is recruitment of new trainees, and the program coordinator often organizes all aspects of this process.

Depending on the particular program, recruitment begins in earnest when the particular application system opens its portal. The two primary services are NRMP and SF Match. Each subspecialties' application schedules may be different and programs should refer to the NRMP or SF Match schedule for further information.

Recruitment season will remain the same from year to year, but changes may occur depending on feedback. It is important that the program coordinator meets with the program director to review the current format and implement changes deemed appropriate such as:

- The length of the interview period
- Determine interview dates
- Determine the number of applicants to be interviewed per day/week
- The number of faculty member who will participate
- The maximum number of applicants who will receive interviews

Program coordinators must designate ample time to prepare for the coming interview season. The coordinator will be primarily responsible for the following (for virtual interviews):

- Preparing program handouts
- Arranging faculty interviews
- Creating appropriate zoom links
- Arranging Resident/Fellow hosts
- Drafting invitation letters
- Scheduling applicants for interviews

If interviews are held in person, additional responsibilities may include:

- Catering

- Reserving conference rooms
- Arranging travel and lodging for applicants
- Arranging hospital tours

Various Online Platforms and Application Services

FRIEDA

- FREIDA is the acronym for Fellowship and Residency Electronic Interactive Database. It is a free online database that provides general and detailed information on all graduate medical education programs accredited by the ACGME. View the link FREIDA Online for more information.

Electronic Residency Application Service (ERAS)

- ERAS is a service that allows medical school students and graduates to apply electronically for residency and fellowship positions in U.S. graduate medical education programs. The Program Director's Workstation (PDWS) allows the program's representative(s) to receive, sort, review, evaluate, and rank applications. Applications should be downloaded daily. ERAS allows you to create e-mails, invite applicants, create interview schedules, and generate reports.
- National Resident Matching Program (NRMP) is the official name of the match program associated with ERAS. Programs must register in the NRMP R3 System to be a participant in the match. This system allows access to your program's rank list and match results. Registration must be renewed annually. The timeline for match can be located on the NRMP website. For codes of conduct please view Match Codes of Conduct | NRMP.

SF Match

- SF March is a service that allows medical school students and graduates to apply electronically for residency and fellowship positions in U.S. graduate medical education programs. SF Match allows you to create e-mails, invite applicants, create interview schedules, and generate reports through a Centralized Application Service (CAS).
- Match will go directly through SF Match. Codes of conduct will vary by individual programs.

Applicant Interviews

Interview season will vary depending on your program and the online service used. The interview day can start as early as 7:45a.m. and end as late as 4:00p.m. Some programs have a virtual meet & greet session either the night before or after the interview day, so applicants can have an opportunity to meet current trainees in a more relaxed setting.

A quick guide for preparing your faculty:

- Familiarize the faculty with the program updates
- Familiarize the faculty on the interview process and feedback format
- Ask the faculty to review the applicant files before the interview

Helpful Resources and Templates:

- ACGME Residency Coordinator Timeline
    - Residency_Coordinator_Timeline.docx (live.com)
- ACGME Fellowship Coordinator Timeline
    - Fellowship Coordinator Timeline
- ACGME Verification of GME Training Form (VGMET)
    - VGMET Form

Coordinator Responsibilities for Onboarding:

After match:

☐ Send out an email to welcome them to the program
- Include the starting date, time and location
- Provide a list of the best points of contact for common issues + questions
- Provide a list of the documents they will be required to supply
- Include a general breakdown of what they can expect on their first day
- Attach informational documents (benefits, offer letter, etc.)

Onboarding:

☐ Send out a department announcement of the new fellows.

 Internal (Dept Announcement) and External (Website and Social)

☐ Assist with preparing HR + Licensure related documents (OPR Packet health paperwork, SS card, BNDD, DEA, MO license, etc.)
☐ Ensure that fellows have a registered NPI number in your state
☐ Assign cell phones and cell phone numbers
☐ Order name plates for the fellow offices if necessary
☐ Request locker assignment if necessary
☐ Obtain vacation requests
☐ Ensure any necessary online modules are assigned
☐ Add trainees to the ACGME, New Innovations, and ABA sites
☐ Request access to online scheduling software if applicable
☐ Welcome basket/gift (if applicable)
☐ Ensure any important division calendar invites are sent out
☐ Request appropriate badge access

Day of Orientation:

☐ Share a central meeting location for that morning
☐ Introduce the new fellow to their colleagues and department
☐ Show the new employee their main workstations
☐ Organize a hospital tour. Hit the essentials: entrances, restrooms, kitchen, common room, OR's
☐ Ensure that they can log in to their station and all equipment is working properly
☐ Set up a welcome lunch or event (division specific)
☐ Provide access to and review the fellowship manual
☐ Check that all credentials and accesses work
☐ Arrange for group and individual photos
☐ Review Duty Hour Logging, Case Logging, and Evaluation Software's to confirm trainee understanding and access

First Week:

☐ Check that all equipment and software needs are met
☐ Provide access and inform them where to find company policies
☐ Problem solve any issues that come up in the first week
☐ Invite fellows to any other welcome events that first week

First Month:

☐ Check in with the fellow
☐ Ensure that there are no issues with logging duty hours and procedures