

Program Administrator Burnout: More Than a Wellness Issue

Ewen and colleagues captured valuable information in their recent survey article, “Residency and Fellowship Program Administrator Burnout: Measuring Its Magnitude.”¹ The authors used the term “program administrator” (PA) to capture the job title of residency and fellowship program coordinators (PCs). Utilizing the Copenhagen Burnout Inventory,² the authors found elevated mean burnout scores in all 3 domains (personal, work-related, and client-related). Median time in the current PA position was less than 5 years. Queried factors that accounted for higher burnout scores included more years in graduate medical education (GME) and lack of wellness activities offered by the institution.

Will offering more wellness activities for PCs increase job longevity and reduce burnout? We suggest there are more germane considerations such as insufficient training and support for the coordinator position.³ For example, in our surveys of child neurology residency PCs, most respondents reported to a direct supervisor with no GME knowledge and had outdated, inaccurate, nonprofessional job descriptions and titles that had not been reviewed or updated after the onset of the Next Accreditation System (NAS). Lack of sufficient job training, support staff, salary support, faculty knowledge, and allocated time were common, as were working at home and unpaid overtime.⁴ A number of these problems were linked to lower compliance with NAS implementation.⁵

Increasing demands and tracking required by the Accreditation Council for Graduate Medical Education (ACGME) at the resident and program levels fall squarely on the shoulders of PCs. The ACGME, in the Background and Intent Section of the new Common Program Requirements, describes the PC as “critical to the success of the program” and “a member of the leadership team” who “must possess skills in leadership and personnel management.” High turnover and burnout likely results from the discrepancy between these ACGME requirements and the lack of recognition in many institutions of the managerial function, leadership, and independent decision-making by PCs

in GME training programs.^{1,4} As a way to validate this, the ACGME could begin tracking PC turnover. Our survey found 33% PC turnover in the prior 12 months.⁴ We agree with recommendations by Ewen et al to add wellness activities.¹ However, we suggest that addressing the root causes of PC burnout and high turnover with possible solutions should be the next step in improving GME. What is needed are fundamental changes in the understanding of the managerial PC role by institution leadership and human resources departments followed by restructuring GME administration and PC job titles.

Terri B. Feist, BBA, C-TAGME

Program Coordinator, Division of Neurology,
Department of Pediatrics, Cincinnati Children’s
Hospital Medical Center

Donald L. Gilbert, MD, MS

Program Director, Division of Neurology,
Department of Pediatrics, Cincinnati Children’s
Hospital Medical Center

References

1. Ewen AM, Higgins MCSS, Palma S, Whitley K, Schneider JI. Residency and fellowship program administrator burnout: measuring its magnitude. *J Grad Med Educ*. 2019;11(4):402–409. doi:10.4300/JGME-D-18-00860.1.
2. Kristensen TS, Borritz M, Villadsen E, Christensen KB. The Copenhagen Burnout Inventory: a new tool for the assessment of burnout. *Work & Stress*. 2005;19(3):192–207.
3. Ronna B, Guan J, Karsy M, Service J, Ekins A, Jensen R. A survey of neurosurgery residency program coordinators: their roles, responsibilities, and perceived value. *Cureus*. 2019;11(4):e4457–e4457. doi:10.7759/cureus.4457.
4. Gilbert DL, LaBare JA, Keough K, Feist TB. Child neurology residency program directors and program coordinators 2016 workforce survey. *Pediatr Neurol*. 2018;79:21–27. doi:10.1016/j.pediatrneurol.2017.10.021.
5. Feist TB, Campbell JL, LaBare JA, Gilbert DL. Challenges in implementation of the New Accreditation System. *J Child Neurol*. 2017;32(4):397–402. doi:10.1177/0883073816685241.