

Response to *Let Me Heal* Book Reviews

The September 2014 issue of the *Journal* featured a series of reviews of Kenneth Ludmerer's recent book *Let Me Heal: The Opportunity to Preserve Excellence in American Medicine*.¹ As I read the reviews, I was intrigued, and I ordered a copy of the book.

The authors of the reviews comprised a spectrum of individuals with varying experiences in graduate medical education—residents, medical educators, a designated institutional official, an expert on education from abroad, and a patient. All offered fascinating perspectives, yet I could not help but think that 1 group was missing, a group with close interactions to all those people mentioned previously, *and* that have a solid understanding of graduate medical education at a program level—residency program coordinators.

As a program coordinator who is dedicated to her profession and has a passion for graduate medical education, I thought I might provide an alternative perspective and weigh in on some of the changes in graduate medical education that we have experienced as a profession.

As Ludmerer¹ points out, residency programs initially were run by department chairs. It wasn't until the 1970s and 1980s that the administrative duties were delegated to a designated "program director." During this transition, there typically were office personnel who assisted in the running of the program; they may have been "secretaries" or "office assistants," and they helped administer the residency program, either in part or as a whole function of their job.

It did not take long for the members of this group to find each other and form a professional network. One of the earliest formal groups of residency coordinators was the Association of Residency Coordinators in Surgery,² established in 1988, only 11 years behind the specialty Association for Program Directors in Surgery. The formal

organization of such groups showed an early propensity for the members of this group to hold a vital and important role in the life of a resident.

With the increased oversight by the Accreditation Council for Graduate Medical Education (ACGME), and the advent of duty hour limits and the competencies, the administration work for each program director grew immensely. It was during this time that the position of a dedicated residency program coordinator really took hold. As listed in Common Program Requirements for many specialties, a need was identified for "professional personnel for the effective administration of the program."

Program coordinators play a multitude of roles. We often are the administrative organizers, experts on the program requirements, life coaches, and connectors,³ to name a few. Our skills, resourcefulness, responsiveness, and professionalism are essential to the attainment of accreditation goals and for full compliance with the ACGME.

*Let Me Heal*¹ is an invaluable historical account of graduate medical education that residency program coordinators are proud to be a part of. I would like to think that residency program coordinators today are the "Uncle Hanks" of the early days of residency (this is a reference in the book to Henry Hurd, an early hospital administrator who had profound interest in the success of the residency program and in residents personally).

I agree with the author that this book should be required reading for everyone involved in residency training, *including* residency program coordinators.

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References

- 1 Ludmerer KM. *Let Me Heal: The Opportunity to Preserve Excellence in American Medicine*. New York, NY: Oxford University Press; 2014.
- 2 Association of Residency Coordinators in Surgery. www.arcsurgery.com. Accessed December 1, 2014.
- 3 Gladwell M. *The Tipping Point: How Little Things Can Make a Big Difference*. Boston, MA: Little Brown; 2000.