

## Program Coordinator Survey 2013

1. Name (optional):

2. Current job title:

- Medical Secretary
- Executive Secretary
- Administrative Coordinator
- Administrative Program Coordinator
- Education Coordinator
- Project Coordinator
- Academic Coordinator
- Project Facilitator
- Administrative Assistant
- Program Manager
- Other (please specify)

3. Length of time in your current position:

- Less than 1 year
- 1 to 5 years
- 6 to 10 years
- 11 years or more

4. Education: Select the highest educational level completed

- High School
- High School plus some college coursework
- Two-year College degree
- Bachelor's Degree
- Some Graduate work
- Graduate Degree

5. Annual Salary: Select salary range for current academic year

- Under \$25,000
- \$25,000 - \$29,999
- \$30,000 - \$34,999
- \$35,000 - \$39,999
- \$40,000 - \$44,999
- \$45,000 - \$49,999
- \$50,000 - \$54,999
- \$55,000 - \$59,999
- \$60,000 - \$64,999
- \$65,000 - \$69,999
- \$70,000 and above

6. Hourly or Salaried Employee?

- Hourly
- Salaried

7. How satisfied are you with your pay?

- Highly satisfied
- Satisfied
- Not satisfied

8. Number of Program Coordinators in your position in last five years (turnover)?

9. How many programs do you have direct oversight of?

10. How many Program Coordinators work for your program?

11. How many residents/fellows do you oversee?

12. Do you have responsibilities outside the residency program? Please check all that apply

- Medical student clerkships/courses
- Observerships
- Project management
- Faculty assistance
- Patient scheduling
- Clinical administrative work (patient contact)
- Finance responsibilities
- None
- Other (please specify)

13. Percentage of time allotted by your program for Program Coordinator duties:

- 5 - 10%
- 10 - 20%
- 20 - 30%
- 30 - 40%
- 40 - 50%
- 50% or >

14. How often do you feel overwhelmed from your work?

- Every day
- A few times a week
- Once a week
- A few times a month
- Once a month
- A few times a year
- Never

15. In the past year have you considered resigning from your position?

- Yes
- No

16. Do you have regularly scheduled meetings with your Program Director?

- Yes
- No

17. How often do you meet with your Program Director?

- Three or more times per week
- One to two times per week
- Once a month
- Almost never

18. Please indicate the level of financial support your program provides for you to attend national meetings:

- Three or more meetings per year
- Two meetings per year
- One meeting per year
- Partial support to one meeting
- None

Other comments

19. Do you know about the Training Administrators of Graduate Medical Education (TAGME) Certification?

Yes

No

20. Are you interested in pursuing a Training Administrators of Graduate Medical Education (TAGME) Certification?

Yes

Maybe

No

21. Would you be interested in TAGME being a topic at one of the upcoming monthly coordinator meetings?

Yes

No

22. Does your program provide financial support to take the TAGME certification?

Yes

Maybe/Unknown

No

23. Did you receive training from the previous Program Coordinator when you were hired?

Yes

No

24. Did you receive any training for your position other than that provided by the GME office?

Yes

No

25. Would you benefit from a Mentor (partnering with an experienced coordinator)?

No

Yes

If yes, please provide your name or contact Sharee Bracken in the GME office

26. Would you like to be a Mentor?

No

Yes

If yes, please provide your name or contact Sharee Bracken in the GME office

27. Anything else you would like us to know?