Program coordinator salaries shift upward

Our 2014 survey shows subtle increases in pay

Residency program coordinators know about change. In recent years, they’ve managed revised duty hour requirements, new technologies, and the ACGME’s Next Accreditation System.

But they may be surprised by the way program coordinators’ salaries have changed.

Since 2007, Residency Program Alert has surveyed coordinators about their salaries and working conditions. Responses to our survey over the past seven years suggest subtle but positive trends in coordinators’ salaries. The percentage of respondents reporting salaries in the lowest brackets has steadily dropped, while the percentage reporting salaries in mid- to upper-level categories has climbed.

Specifically, our analysis of salary survey data from 2007 to 2014 shows:

- More of our respondents report earning in higher salary categories, with the greatest growth occurring in the $50,000–$60,000 range
- Fewer respondents are earning salaries in the $30,000–$40,000 range
- The percentage earning more than $70,000 has more than doubled, from 3% to 7%, since 2007

A snapshot of coordinators in 2014

Residency Program Alert surveyed residency and fellowship coordinators about their salaries, as well as a variety of other aspects of their positions, over a three-week period in February and March 2014. We received responses from 304 individuals who identified themselves by a variety of titles, but mostly consisted of residency and fellowship program coordinators. (In this article, we use the term “program coordinator” to refer to our survey respondents. Also, we’ve rounded figure percentages to the nearest whole number.)
Of those who responded to our 2014 survey (see Figure 1):

- 2% earned less than $30,000
- 21% earned $30,000–$40,000
- 39% earned $40,000–$50,000
- 23% earned $50,000–$60,000
- 9% earned $60,000–$70,000
- 7% earned more than $70,000

The median salary for respondents to our 2014 survey was in the $40,000–$50,000 range. We first saw the median salary for our respondents shift from the $30,000–$40,000 range to the $40,000–$50,000 range in our 2010 survey. This year, the percentage of respondents reporting salaries above $50,000 a year began to outpace those reporting salaries at levels below $40,000 a year for the first time since we began conducting the survey. In 2014, the second largest group of respondents earned $50,000–$60,000. In 2012, the second largest group of respondents earned $30,000–$40,000. (See Figure 2.)

The percentage of coordinators reporting salaries below $40,000 has dropped, year after year. The percentage reporting salaries above $70,000 has increased since 2007, but has plateaued in some years. The percentage of those earning between $50,000–$60,000 has increased significantly, from 9% in 2007 to 23% in 2014. However, between 2009 and 2012, the percentage earning in that category remained relatively stable, hovering around 17%. (See Figure 3.) Since 2007, the most dramatic changes have occurred among the lowest and highest earners. The percentage of coordinators reporting annual salaries of less than $30,000 has dropped from 13% in 2007 to just 2% in 2014. The percentage of respondents reporting salaries in the highest category, more than $70,000 a year, remains small, but has more than doubled from 3% in 2007 to 7% in 2014. (See Figure 4.) This year also marks the first time in our survey’s history that more respondents reported earning salaries in the highest range, above $70,000 a year, than in the lowest range, below $30,000 a year.

**Behind the numbers**

It’s difficult to pinpoint what’s responsible for the upward trend in our survey respondents’ salaries.
Respondents who received a pay increase since 2013 overwhelmingly named a performance review as the reason for the increase. (See Figure 5.) Some other factors that led to increases for respondents over the last year included:

- Annual/contractual raise
- Change in job title
- Promotion
- Increase in experience

An analysis of our survey data since 2007 also shows subtle changes in education among our respondents. While the percentage of respondents who list a high school diploma as their highest level of education has hovered around 38% since 2007, the percentage of respondents with bachelor’s degrees has gradually risen. In 2014, 34% of respondents had a bachelor’s degree, compared to 28% in 2007. The percentages with master’s degrees (about 8% in 2014) and doctoral degrees (1% in 2014) have remained stable.

In addition, more of our survey respondents have obtained certification through the National Board for Certification of Training Administrators in Graduate Medical Education (TAGME). In 2014, 17% of respondents had obtained the certification, compared to 10% in 2010, the first year we began asking about TAGME certification, and 11% in 2012.

**Beyond the numbers**

Improvements in salary haven’t necessarily translated to improvements in other aspects of...
professional life for program coordinators. Many of our survey respondents described struggling with a lack of resources, inadequate institutional support, or an ever-increasing workload. When we asked survey respondents about their greatest challenges (other than time management), they provided dozens of different responses. Some of the most frequently named challenges included:

- Obtaining faculty compliance with required tasks
- Obtaining resident compliance with required tasks
- Workload
- Changes related to the Next Accreditation System
- Budget
- Lack of recognition for the position
- Lack of support staff
- Working with electronic residency management systems

- Conflicts with program or institutional management
- Lack of communication within the institution or department

It’s worth noting, too, that statistical improvements in salaries may not have a meaningful impact on an individual coordinator who feels undervalued. Several respondents wrote that they were undercompensated or dealt with managers and human resources departments who didn’t understand their positions.

Moving up

It’s important for program coordinators to act as self-advocates, says Ruth Nawotniak, MS, C-TAGME, the training program administrator.
in the general surgery residency program at the University at Buffalo-State University of New York.

To get a better paycheck, a coordinator may need to build a case to present to the appropriate manager or department. Nawotniak, who is also the cofounder and first president of TAGME, suggests that program coordinators start by collecting as much data as possible about coordinator salaries. Unlike some jobs, little data about program coordinator salaries can be found through online searches, which makes it difficult for human resources departments to set those salaries appropriately, she explains.

Surveys, including our own, only reach a small sample of program coordinators—the ACGME identifies 7,530 coordinators in its databases. However, these surveys may be a good place to start, Nawotniak says. Other possible sources of information about program coordinator salaries include:
- Program coordinator groups affiliated with medical specialty associations, which may survey their members
- The Association for Hospital Medical Education, which surveys program coordinators and GME office staff about salaries
- Payscale.com, a website that includes salary data about a variety of professions

**The job description gap**

Next, program coordinators should have a job description that accurately reflects their responsibilities, Nawotniak says.

Responses to our 2014 salary survey suggest that outdated or inadequate job descriptions are an issue for many coordinators. More than

![Figure 3: Percentage earning $50,000–$60,000](image)
100 respondents wrote that their current job description doesn’t accurately reflect what they do; many said their description is overly clerical, too generic, or fails to encompass all of their responsibilities.

Most respondents also said they had new job responsibilities related to program requirements under the ACGME’s Next Accreditation System:

- 86% said they were responsible for coordinating their program’s clinical competency committee by preparing materials, facilitating meetings, and submitting milestone data to the ACGME
- 87% said they were responsible for coordinating their program evaluation committee by preparing materials, facilitating meetings, and completing reports

### Coordinator get-ahead guide

_Editor’s note: This content is from The Residency Coordinator’s Handbook, Third Edition. To see more tips for coordinators from the book, visit www.hcmarketplace.com._

To be successful as a coordinator, you should take time to reflect on your performance.

Consider the following questions:

- How do others perceive me in my role as coordinator?
- How do I perceive myself in my role as coordinator?
- How am I growing in my role as coordinator?
- How supportive am I of my program and of my program director?
- How supportive is my program director of me?

After taking this personal inventory, coordinators should consider the following tips to attain or maintain success:

- Foster a close working relationship with the program director—think like a team.
- Respond to requests for information on a timely basis.
- Give advice if it is asked for, and when it is not asked for.
- Anticipate the program director’s needs for documentation for meetings or studies. For instance, you know your program director reviews residents’ evaluations of faculty and assignments every six months. Give your program director those reports before he or she even asks for them. Another example: Your program director is considering moving a required assignment from one training site to another and needs resident data to make an informed decision. Collect that data and give the program director reports on a regular basis until he or she has enough information to decide.
- Ask questions—ask the program director, ask the GME office, ask the ACGME. No question is a bad question if it helps you to understand your job and your responsibilities. If you have questions about how to interpret a program requirement, ask your program director. If you need clarification about how the program director is addressing a resident issue, ask him or her. The best support you can give your program director is to be sure the two of you are on the same page.
- Take an active role in the interview process.
- Take an active role in curriculum development.
- Use your expertise to advise and counsel residents and faculty.
- Understand and support the vision of your program director.
- Be a proactive learner.
- Have solutions available when problems are presented.
- Have analysis ready when reporting on data.
- Support the program director’s decisions with faculty and residents.
- Know your program requirements, the ACGME competencies, and your curriculum and how they interact with one another.
- Attend a national meeting at least once every two years.
- View your job as a profession or a career.
- Recognize your own level of expertise regarding your job. Know when to ask for clarifications and access resources for help.
- Recognize your value as a resource.
- Acknowledge yourself as a professional.
- Acknowledge your peers as professionals.
- Apply the six competencies to you and your job as well as to the residents.
Other job responsibilities our respondents frequently named included:

- Acting as a communication liaison for the program director (94%)
- Planning new resident orientation (94%)
- Managing recruitment (93%)
- Participating in ACGME accreditation (93%)
- Duty hour monitoring (90%)
- Coordinating meetings (89%)
- Planning social functions (88%)
- Resident scheduling (88%)
- Curriculum development (82%)
- Budget and payroll responsibilities (74%)

If your job description doesn’t accurately reflect your responsibilities, Nawotniak suggests taking the matter into your own hands and writing an accurate one. List all of your responsibilities, and ensure your description encompasses all of the ACGME requirements for your program.

**Figure 5: Reasons for pay increases, 2014 (in number of respondents)**

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<td>Added responsibility</td>
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<td>HR reclassification</td>
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Take a look at time

Another important piece of information for coordinators to collect is how much time their responsibilities require. Nawotniak suggests that coordinators track how much time they spend completing various tasks associated with their positions.

Although time studies can be onerous, online tools like Paymo can simplify time tracking. (Paymo is available for free at www.paymo.biz.) About 43% of our survey respondents reported logging 41–45 hours a week at work, followed by 27% who reported working 36–40 hours a week and 16% who worked 46–50 hours a week.

More than half of our respondents (56%) said they were also responsible for non-GME-related tasks, such as providing administrative support for physician practices or managing medical student rotations. While it may be appropriate for some coordinators to have non-GME tasks within their scope of responsibility, for others, it may create a burden or lead to a serious time management problem, Nawotniak says.

Show what you can do

After conducting your time management study, collect information about any other special accomplishments or achievements you’ve completed in your position, Nawotniak suggests. For example, have you attended or presented at professional conferences or meetings? Been involved in your specialty’s coordinator organization? Spearheaded a new initiative at your program?

“You need to show that you’re involved with things,” she says. “Show that you’ve been involved with construction of evaluation forms, assessments, or curriculum building.”

Building a portfolio or developing a curriculum vitae are also good ways for program coordinators to showcase their work, especially for those who work in academic environments, says Elizabeth Payne, MAEd, C-TAGME, director of academic programs in the Department of Pediatrics at the University of Texas Health Science Center, San Antonio.

“You have to market yourself,” says Payne, one of the cofounders of the Texas program coordinator’s association, GME ACTION, which stands for Administrators and Coordinators of Texas Inspiring Organization and Networking.

“We keep hearing program coordinators say, ‘No one knows what I do,’ ” Payne says. “You have to show them what you do.”

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*Note: Figures are rounded to the nearest whole percentage.*
TAGME certification: What’s in it for coordinators

The percentage of our salary survey respondents certified through the National Board for Certification of Training Administrators in Graduate Medical Education (TAGME) is growing. This year, 17% of respondents said they had obtained their TAGME certification, up from 11% of respondents in our last survey, conducted in 2012. And 52% of this year’s respondents who aren’t certified said they were interested in pursuing certification.

Program coordinators established TAGME certification in 2002 as a way to acknowledge the expertise required to run a GME program as well as set national standards for the profession.

“With more stringent ACGME requirements, our jobs have changed to administrators and professionals, and certification was just a natural evolution of that process,” says Elizabeth Sauve, CAP, C-TAGME, the current TAGME president and coordinator for the plastic surgery and ophthalmology residency programs at the University of Tennessee Health Science Center in Memphis.

TAGME now offers certification assessments for coordinators working in more than two dozen specialties, most recently adding a certification for pediatric emergency medicine, which will be available this fall. Certification is also available for coordinators who manage programs accredited by the American Osteopathic Association and for professionals who work in GME offices.

Just preparing to apply for the certification encourages program coordinators to grow professionally, Sauve says. To apply, coordinators must have:

• At least three continuous years of experience working in their specialty
• 10 hours of educational credits, including attendance at one GME meeting or conference, over the past three years
• Demonstrated participation in professional development activities such as giving presentations, publishing poster presentations or manuscripts, or holding leadership in a GME organization

Coordinators who are eligible for the TAGME assessment must first complete the Work Effort Tool, a detailed, written assessment designed to gauge coordinators’ knowledge of their training programs and ability to find and access GME information. Applicants have about two months to complete this assessment.

Next, applicants must complete the Monitored Assessment Tool, a timed, proctored exam. Candidates may use acceptable reference documents during the exam, which aims to test coordinators’ ability to find information rather than memorize it. Candidates must score 80% or higher on both assessments to obtain certification. The entire certification process, from application to receiving test results, can take up to 9 months, Sauve says.

So what does earning those extra letters (C-TAGME) do for a coordinator? At most institutions, TAGME certification doesn’t guarantee a higher salary, Sauve says. (Only 1% of our 2014 salary survey respondents cited a change in credentials, including obtaining TAGME certification, as the reason they received a pay increase last year.)

However, the certification may hold indirect benefits for coordinators. Teri Hill, C-TAGME, believes the knowledge she’s gained through obtaining her certification has helped her to obtain positions with increased responsibility over the years, which has ultimately led to salary increases.

Hill, who is currently the vice president of TAGME and the manager of academic programs in the Department of Orthopaedics at the University of Texas Health Science Center, San Antonio, says obtaining TAGME certification has helped her to navigate career changes. She’s jumped from managing a residency program to working in the GME office. Currently, she is managing both residency as well as fellowship programs.

Hill and Sauve say more departments and institutions are recognizing the importance of the coordinator’s role and are supporting professional development for coordinators. Becoming TAGME-certified gives coordinators an opportunity to demonstrate their expertise.

“They’re more supportive of coordinators getting certification, and then they can say they have experts in the department,” Sauve says. “I know my program director really enjoys that.”
Golden apples: Honoring residents as teachers

George Ventro, MD, remembers a resident who taught him when he was a medical student at Wayne State University School of Medicine in Detroit. Ventro was impressed by how the busy resident took time to ask medical students what they wanted to learn about and covered those topics over the course of the rotation. When Ventro became an intern in the general surgery residency program at the University at Buffalo (New York) last year, he tried to emulate that resident’s methods when working with medical students.

In April, Ventro was surprised to learn that medical students from the University’s School of Medicine and Biomedical Sciences selected him out of more than 700 trainees to receive the school’s prestigious Louis A. and Ruth Siegel Award for Excellence in Teaching.

“You don’t realize what small moments mean to people,” Ventro says. “As an intern, you really are overwhelmed. The 45 seconds in between filling out notes and orders when I was explaining what I was doing and why, it meant so much to those students.”

Residents fill the practical role of teaching medical students when faculty members aren’t available. They’re also powerful role models, influencing the next generation of trainees.

“Residents do a lot of the teaching for medical students and don’t get paid for it and hadn’t been getting recognized for it.”
—Patrick Duff, MD

“Residents do a lot of the teaching for medical students and don’t get paid for it and hadn’t been getting recognized for it,” says Patrick Duff, MD, associate dean for student affairs at the University of Florida College of Medicine in Gainesville.

Medical educators are increasingly recognizing the importance of resident teachers. Like the University of Florida College of Medicine, many institutions have launched efforts to celebrate residents as educators in hopes of reinforcing their institutions’ educational missions, encouraging residents to excel as teachers, and even changing the culture of medical student mistreatment.

New recognition for resident teachers

Recently, there’s been more recognition of residents’ role in medical education. Around 2000, the ACGME’s Outcome Project introduced six competencies for resident physicians, including practice-based learning and improvement. This competency, which focuses on trainees’ abilities to teach as well as learn, specifies that residents should “participate in the education of patients, families, students, residents, and other health professionals.”

Under the ACGME’s Next Accreditation System, some medical specialties, such as general surgery, have incorporated teaching skills into their Milestones, the developmental steps residents are expected to progress through during training.

Residency programs are offering more training to help residents prepare to teach, says Duff, who was previously the OB-GYN residency program director at the University of Florida College of Medicine. In 2009, the University established its Resident as Teacher program, a daylong workshop that imparts teaching skills to first-year residents, such as setting expectations for learners and providing feedback. The college also offers a certificate program for trainees who want to continue developing their teaching skills throughout training.

At the University at Buffalo, all incoming residents learn about effective teaching techniques at orientation. Gregory S. Cherr, MD, FACS, director of the general surgery residency program there, says it’s important for residents to be prepared to teach because so much learning for medical students happens early in the morning or late at night, when faculty members aren’t around.

Learning how to teach also helps residents become better physicians, Cherr says.

“A lot of what creates good patient care, besides technical skills, is being able to communicate with patients and families. That’s essentially teaching the patient and their family what to expect around the time of surgery.”
Rewarding excellence in teaching

As recognition for residents’ role as teachers has grown in recent years, so have efforts to reward residents who demonstrate excellence in teaching or serve as good role models for medical students.

In 2004, the Arnold P. Gold Foundation, an organization that aims to promote dignity and compassion in medical education and healthcare settings, began funding Humanism and Excellence in Teaching awards for residents. Third-year medical students provide the awards to residents who display excellence in teaching and show compassion for their patients and colleagues. About 2,800 residents across the country have received the award, which consists of a certificate, a gold lapel pin, and $250.

Training institutions have also created their own awards to acknowledge resident teachers. Starting about 10 years ago, the Society of Teaching Scholars at the University of Florida College of Medicine began to provide Outstanding Resident Teacher awards to a trainee from each department at its Jacksonville and Gainesville campuses each year.

“We have a number of awards that recognize faculty members for teaching the medical students, but we didn’t really have an award for residents for teaching,” Duff says.

The award winners, who are selected by their program directors, attend an elegant dinner ceremony, receive a plaque, and have their photos taken with the medical school dean.

The university recognizes resident teachers in less formal ways, as well. The department of obstetrics and gynecology gives a “Golden Apple” award to trainees who receive strong evaluations from medical students. Those residents receive a small golden apple pin to attach to their nametags or lapels.

These awards help to reinforce the institution’s educational mission and demonstrate that leadership values teaching, Duff says.

“Our medical center takes very seriously the educa-

Residents’ role in medical student mistreatment

As teachers, residents can act as role models for medical students. But they can—and often do—abuse their position by mistreating students. Along with faculty members, medical students most frequently cite residents as the perpetrators of mistreatment.

Mistreatment doesn’t travel from the bottom up; it travels from the top down, says Joyce Fried, assistant dean at the David Geffen School of Medicine at the University of California, Los Angeles. As teachers and evaluators of medical students, residents are in a position of power, Fried says.

In recent decades, medical educators have made concerted efforts to identify and eliminate medical student abuse. Verbal and physical abuse, sexual and ethnic harassment, or forcing students to perform inappropriate tasks such as getting lunch for physicians are all considered forms of student abuse.

Eliminating medical student mistreatment has proved challenging. Levels of mistreatment have remained relatively steady for the last two decades. In 2013, 42% of medical students who responded to the Association of American Medical Colleges’ Graduation Questionnaire said they had experienced some form of mistreatment. In 1996, about 38% of respondents reported mistreatment, Donald G. Kassebaum, MD, and Ellen R. Cutler, MPP, wrote in their 1998 Academic Medicine report “On the Culture of Student Abuse in Medical Schools.”

Leaders at the David Geffen School of Medicine have taken several measures to address student mistreatment over the years, including creating no-tolerance policies and anonymous reporting systems for medical students. This year, the school created an award to honor residents who exhibit exemplary behavior as teachers and role models.

Some residents are taking a different approach to teaching medical students, teaching without humiliating or mistreating students.

George Ventro, MD, a first-year general surgery resident at the University at Buffalo (New York), takes time to teach operating room etiquette to medical students, explaining what not to do. Often, students are expected to learn this through experience, he says.

“Usually, it’s someone yelling at you in the operating room,” Ventro says. “As a medical student, I didn’t think that was a good way to do it.”
tional mission,” he says. “I think most of us on the faculty came to the medical school because we love to teach.”

**Beyond the lapel pin**

Medical educators also hope these awards will inspire residents to excel in their role as teachers.

Being a good teacher is a challenge for anyone, especially residents who are dealing with heavy workloads and the demands of training. And under duty hour restrictions, residents have less time available for teaching medical students.

“It is grueling to be a resident,” Cherr says. “It takes effort to teach, and when you’re dog-tired, sometimes the last thing you want to do is to make that extra effort to teach a junior resident or a student.”

Other awards seek to foster compassion and respect in medical education. Sharrie McIntosh, senior vice president and chief program officer at the Arnold P. Gold Foundation, says that research suggests medical students’ levels of empathy may decline as their participation in clinical practice increases in the final years of medical school and as they enter residency. Resident teachers can form a conduit to help medical students preserve their humanistic values as they transition into practice, McIntosh says, which is one reason the Arnold P. Gold Foundation provides grants for the Humanism and Excellence in Teaching award.

At the David Geffen School of Medicine at the University of California, Los Angeles, medical educators hope honoring excellent resident teachers will ultimately help to reduce mistreatment of medical students, a form of power abuse that has persisted in medical education. (For more on this subject, see the sidebar on p. 11.)

Joyce Fried, the school’s assistant dean, has been deeply involved in the efforts to eliminate medical student mistreatment. Since the mid-1990s, the school has undertaken several initiatives to that end, including publicizing its no-tolerance stance on student mistreatment, creating anonymous reporting and questionnaires for students to communicate incidents of mistreatment, and requiring training for residents who work with medical students. However, in an analysis published in *Academic Medicine* in 2012, Fried and her colleagues found that reports of serious forms of mistreatment at the school had not declined over the years.

After hearing about another school that gave awards to residents for teaching, Fried challenged her school’s medical student council to create an award to honor residents for acting as excellent teachers and role models.

“Up until now, all we’ve done is use the stick and not the carrot,” Fried says. “We want to see if we can do a little culture change by praising and calling attention to and rewarding good behavior, rather than punishing bad behavior.”

“It is grueling to be a resident. It takes effort to teach, and when you’re dog-tired, sometimes the last thing you want to do is to make that extra effort to teach a junior resident or a student.”

—Gregory S. Cherr, MD, FACS

Christine Thang, a third-year medical student, led the student council’s effort to create a process to nominate and select 10 trainees to receive the school’s first Excellence in Teaching with Humanism Residents Award. Medical students wrote 150-word vignettes explaining why the residents they nominated deserved to win the award. The council received more than 150 nominations and ultimately decided to present the award to 11 deserving residents.

At the medical students’ senior banquet in May, winners received a certificate, a lapel pin in the school’s colors of blue and gold, and a $75 gift card. The school also plans to publicize the winners, notifying their residency programs and acknowledging the winners as model teachers at new resident orientation.

The residents who won the award exceeded medical students’ expectations, Thang says. They found time in the midst of their duties to instruct students, taught students important skills such as how to tie a knot, or showed medical students they were cared for by making sure they had lunch.

“Residents are essentially the ones who are running the hospitals; residents are the ones who are working with medical students,” Thang says. “It’s just that sometimes they get forgotten, because your attention is paid toward renowned attending [physicians].”