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Residency Program Alert

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Visionary coordinator Ruth Nawotniak retires

Ruth Nawotniak, MS, C-TAGME, began leading architectural tours of Buffalo in the late 1990s for candidates who interviewed for residencies in the Department of Surgery at the University at Buffalo.

Nawotniak's tour followed a loop, beginning and ending at Buffalo General Medical Center, with few tangents along the way. She showed prospective trainees five homes designed by famed architect Frank Lloyd Wright; the Prudential building, one of the country's earliest skyscrapers; and the home of John D. Larkin, pioneer of the mail-order business model.

Nawotniak, the long-time administrator for the general surgery program, wanted to give candidates a different perspective of the city.

"People think of steel and depressed economy and snow, and Buffalo is so much more than that," she says.

This month, Nawotniak will retire from her position at University at Buffalo, one she's held since 1995. Over the course of her career, Nawotniak did a great deal to change perceptions, and not just of trainees unaware of Buffalo's architectural gems. She brought recognition to the importance of the program coordinator's role during a period when the position shifted from secretarial to managerial. She started a national organization to certify program coordinators, wrote two editions of *The Residency Coordinator's Handbook*, and served as a mentor and teacher for program coordinators from Buffalo to Abu Dhabi.

"Ruth had the vision," says **James M. Hassett, MD,** a former program director who worked with Nawotniak for 18 years. "She realized that the role was so much more complex and it was greater than what any of the people who came before had to deal with."

Roots in education

Nawotniak was born and educated in Buffalo. After earning a bachelor's degree in English and a master's degree in education from Canisius College, she taught English to eighth-graders in Springville, New York, a small town about 30 miles from Buffalo.

Nawotniak left her teaching position in 1975 to care for her young children. She hoped to return when her youngest son was in kindergarten, but finding work as a teacher proved difficult. Buffalo is home to several teaching colleges, and an open position could draw more than 1,000 applicants. Nawotniak was often a

finalist for a position, but wasn't offered a job.

Eventually, Nawotniak turned to an employment agency. In 1987, she found a job in the medical staff services department at the Millard Fillmore Hospital, a teaching hospital affiliated with the University at Buffalo. As a credentialing secretary, she verified that physicians seeking staff privileges had the appropriate education and training.

Working in a medical staff services department gave Nawotniak expertise in the kind of education and experience physicians needed to have in the workforce, which was one of the reasons Hassett approached her when the University at Buffalo general surgery program was looking for its first full-time program coordinator in 1995. The department had previously relied upon clerical staff to support the department, but decided to hire a full-time program coordinator after receiving a citation during an accreditation site visit.

Nawotniak's background in medical staffing was a "tremendous asset," says Hassett, who stepped down as program director in 2013 and remains a professor in the department of surgery. She knew what information to provide medical staff services departments at the hospitals where the program's graduates went to work.

As a former teacher, Nawotniak was "task-oriented," he says. As the mother of three boys, she knew how to work with surgery residents, who were mostly young men at that time, Hassett says. Trainees knew they would hear from Nawotniak if they didn't turn in important forms on time, but they also knew that they could turn to her when they needed advice.

"She's a den mother; she's a disciplinarian; she's a shoulder to cry on," says **George Ventro, MD,** a second-year general surgery resident. "She's everything."

Partnership with the program director

With no true predecessor, Nawotniak relied on Hassett's experience and knowledge to learn about GME requirements and how to manage the program.

Soon, Nawotniak began acting as Hassett's collaborator. They coauthored several papers, analyzing the effects of work hour restrictions on education, testing residents' interpersonal skills with standardized patients, and examining "standards-based" portfolios to guide trainees' progress.

Both she and Hassett preferred using data and evidence to make decisions about the program. Hassett says one of their most memorable projects

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involved testing "blind" interviews for prospective candidates. He and Nawotniak noticed that faculty members ranked residency candidates based on their United States Medical Licensing Examination scores, regardless of how the candidate had interviewed. With the new technique, faculty members were asked to interview and rank candidates before they received any background information about the interviewee. After viewing the candidates' scores, faculty members could choose to change their rank order. However, none did, and the program adopted the "blind" interviewing technique for recruitment, says Hassett.

He often joked with Nawotniak that she had been through every scenario that a program administrator could encounter and should "write a book about her experiences," Nawotniak says. But one situation neither was prepared for occurred when a resident who had been dismissed from the program sued the program in federal court. As a result, Nawotniak had to provide documentation that would serve as the evidence to support her program's case.

"That wasn't in the playbook, so we all sort of learned on the job," Hassett says. "She handled it well."

Although Nawotniak can't discuss details of the case, which is ongoing, she says the incident stresses the importance of keeping good documentation.

When a resident seems to be having problems, it's important to document everything you can, she says. If a trainee comes into your office, meets with a mentor, or has a discussion with a faculty member in the hall, document the date, the parties involved, the topics discussed, and any significant details, she says. You don't know what information will eventually be important, she says.

"The coordinator is the keeper of all of that documentation," she says. "That protects your program."

The Outcome Project

The role of residency program coordinators grew more important in the late 1990s, when the ACGME introduced the Outcome Project. The Project required programs to foster and document trainees' competency in six domains, which led to significant changes for most coordinators.

Previously, accreditation focused on resources available to train physicians. For coordinators, that meant documenting the number of journals available in the medical library or the number of autopsies residents performed. As the focus of accreditation shifted to outcomes, program coordinators became responsible for gathering and managing data needed to demonstrate their programs were producing competent physicians.

Nawotniak says Hassett's data-driven approach prepared her for the Outcome Project.

"I came into the position having to work with data," she says. However, many program coordinators had to transition from a clerical to a more data-oriented role.

Around 2001, Nawotniak and a group of coordinators who belonged to the Association of Residency Coordinators in Surgery (ARCS) discussed how the Outcome Project would affect the program coordinator's position. Some were concerned about their workload, others were apprehensive, and some were enthusiastic about the change.

The group discussed the idea of a professional certification for residency program coordinators. They knew they weren't the first to discuss the concept, but weren't aware of any established certification for program coordinators. Nawotniak, then the president of ARCS, offered to research certification for program coordinators and report her findings to the group.

Nawotniak placed a message in the AMA's email newsletter, seeking program coordinators who were interested in certification or already had a certification process in place. Within a week, she had received about 250 responses from residency program coordinators across the country. Some were discussing certification with coordinators in their specialties, others said they thought certification was a good idea, and some wanted to know where to sign up.

Certification for coordinators

Finding no established certification program, Nawotniak gathered a small group of coordinators from different medical specialties to create a certification process. The group eventually became known as the National Board for Certification of Training Administrators of Graduate Medical Education (TAGME).

The early founders of the group surveyed program coordinators about their job responsibilities through medical specialty group listservs. They organized a

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meeting about coordinator certification at the ACGME Annual Educational Conference, outlining the certification process on large sheets of paper they posted on the wall. The group presented the concept of certification to the audience, then gave attendees a chance to view the outline posted and discuss the logistics of rolling out certification.

"Everything was done by word-of-mouth," says Nawotniak. "There was no advertising, no budget."

Marie Ray, C-TAGME, who helped to develop the emergency medicine certification assessment for TAGME, remembers meeting Nawotniak in person for the first time in New Orleans in 2004. The group had gathered at a cheap airport hotel.

Ray, then an emergency medicine residency coordinator, says it was clear that Nawotniak would become the group's first president. Nawotniak used a cue stick to keep the coordinators from talking at the same time—only the person with the stick could speak. She was like "a ball of energy," pushing the founders through long meetings and often working late into the evening, Ray says.

By 2005, TAGME certification became available for program coordinators in a few medical specialties. The certification process tests coordinators' practical, working knowledge—there are no books or study guides. The certification includes two components: a work effort assessment, which requires coordinators to provide detailed, written information about managing their programs; and a monitored, open-book assesment about GME and accreditation requirements.

Before TAGME certification, there was no professional recognition for coordinators, who are "the glue that keep the program together," Ray says. "They would pat you on the back and say 'good job,' but it wasn't really recognized as a profession," she says.

Now, TAGME certification is available for coordinators working in dozens of medical specialties. Nawotniak says she doesn't think certification has completely transformed the position, but it has led to improvements. Some employers look favorably upon candidates who are certified or offer bonuses or better salaries for coordinators with certification.

"I think it has given the coordinators a sense of their own worth and their own achievement," Nawotniak says. "No one tells you to do it. Coordinators will often come back and say 'I did it because I wanted to.' "

Ray, who is the immediate past president of TAGME, says her experience with TAGME helped her to advance her career. (Today, she's the director of GME at Osceola Regional Medical Center in Kissimmee, Florida.) Nawotniak taught her "not to take no for an answer," Ray says.

"Building an organization like TAGME, you face obstacles," she says. "Ruth would never take a 'no.' She would just use those opportunities to better everybody."

All the way to Abu Dhabi

Throughout her career, Nawotniak continued to help other coordinators develop. As an instructor for HCPro's Residency Program Coordinator Boot Camp, she taught program coordinators about managing a GME program. Her program director may have been half-joking when he suggested that she write a book, but she ended up writing several, including the second and third editions of *The Residency Coordinator's Handbook,* published by HCPro.

In 2013, Nawotniak had an opportunity to take her expertise far beyond Buffalo. She led a small group of program administrators, including Ray, to Abu Dhabi to help program coordinators at Sheikh Khalifa Medical City prepare for an accreditation site visit. They taught the coordinators at Sheikh Khalifa—an institution managed by the Cleveland Clinic—about accreditation standards, helped them organize their files, and showed them how to work with an electronic residency management system.

Although Nawotniak is giving up her responsibilities as a program administrator at University at Buffalo—and a Buffalo tour guide for prospective trainees—she plans to continue her work in GME as a consultant. She's also looking forward to returning to the interests she set aside while working and raising her children, such as traveling and reading. She's not entirely sure what's in store, but she's making room for possibilities.

"A lot of people talk about perspective as the glass is half-full or empty," she told a group of trainees graduating from her program in June. "It's not the level of water in the glass that's important, it's the space left in the glass. That's where the realm of adventure lies."

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