Increasing Support and Job Satisfaction for Program Administrators at the Postgraduate Medical Education Program at the University of Ottawa: The Program Administrator's Perspective

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Abstract. Background: Realizing Program Administrators (PAs) are crucial to the success of the postgraduate medical education (PGME) program, the PGME office at the University of Ottawa conducted a needs analysis to (a) identify training opportunities PAs felt would support them in being effective at meeting role expectations including supporting Program Directors (PDs) and (b) gather information from PAs to guide the PGME office in taking positive action toward increasing satisfaction with services and resources. **Methods:** A mixed methods approach involved collecting and analyzing data from online surveys and follow-up qualitative interviews. Data analysis was conducted using the constructs of the W(e)Learn framework (content, media (delivery), service, structure and outcomes). **Results**: PAs identified the following professional development topics they said would benefit them: *Human Resources; Communication and Conflict Management Courses; Career Development; Evaluation; Policy; Multigenerational Workforces;* and *Best Technological Practices of Relevance to PAs.* The PAs also identified several recommendations for how the PGME office could facilitate them effectively carrying out their roles and responsibilities. **Conclusions:** An effective form of support is offering convenient, relevant professional development to help employees meet role expectations. A well-designed professional development program should begin with a needs analysis to determine stakeholder needs with regard to relevant content, preferred delivery methods, service issues and course structure, in order to ensure desired learner outcomes.

Keywords: Postgraduate medical education; program administrators; needs analysis; professional development; program improvement

1. Introduction

Program Administrators (PAs) are key to the success of postgraduate medical education (PGME) programs. Therefore, it is critical that PAs feel supported in their role. One effective form of support is offering convenient, relevant professional development to help them meet role expectations (MacDonald et al, 2013). Quality professional development programs demand a significant investment of time and resources and are generally characterized by substantial planning and design work (MacDonald & Thompson, 2005). A well-designed program begins with a needs analysis to determine learning objectives, relevant content, effective teaching methods, a positive learning environment, and incorporates continuous evaluation to ensure constant improvement (MacDonald, Stodel, Thompson & Casimiro 2009; Kjaer, Steenstrup, Pedersen & Halling, 2014).

The PGME office at the University of Ottawa invited PAs to participate in a needs analysis designed to answer the following two research questions:

1. What training opportunities do PAs feel would support them in being effective meeting their role responsibilities and supporting Program Directors (PDs)?
2. What positive actions can the PGME office take to increase satisfaction with services and resources?

2. Methodology

2.1 W(e)Learn Framework

The W(e)Learn framework (MacDonald et al, 2009) was used to guide the needs analysis. The framework has also been used to guide two recent program evaluations (MacDonald et al., 2015; Puddester, MacDonald, Clements, Gaffney, & Wiesenfeld, 2015) W(e)Learn outlines four critical dimensions of healthcare education—structure, content, media, and service—and is grounded in socio-constructivist theories and inter-professionalism (see Figure 1). W(e)Learn is intended to elicit four levels of outcomes, the pinnacle of which is organizational change. (for an interactive version visit http://www.ennovativesolution.com/WeLearn/).
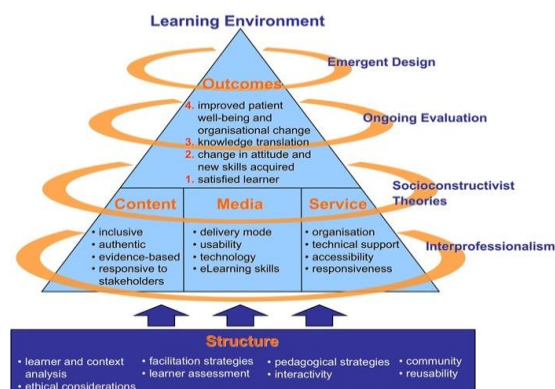

Figure 1: W(e)Learn Framework

2.2 Mixed Methods

The need analysis was guided by a mixed methods design to utilize the positive attributes of both qualitative and quantitative studies (Halcomb & Hickman,

2015; Pluye, Gagnon, Griffiths, & Johnson-Lafleur, 2009; Strudsholm et al., 2016). A quantitative survey and qualitative interviews were utilized to answer the research questions in a comprehensive manner. This method counteracts the shortcomings and supports and enhances the strengths of the quantitative and qualitative research approaches (Bryman, 2007; Creswell & Plano Clark, 2010; Johnson & Onwuegbuzie, 2004).

2.3 Focus Group Interviews
The goal of the focus group interviews was to gather information that would answer the research questions. PAs were invited by email to take part in the semi-structured focus group sessions. Eleven PAs volunteered to participate in two separate interviews (five in one and six in the other). An effort was made to include PAs from various hospitals, teaching sites, and departments as well as those active and less active in the program. Open-ended questions, that were developed based on the W(e)Learn Framework (see Appendix A), were utilized for the interviews. All participants gave permission for audio recording of the interviews, which were then transcribed verbatim. The interviews took place at a location convenient to the PAs during their workday and were one hour in duration.

2.4 Online Survey
The 80 PAs from approximately 70 departments in the Faculty of Medicine were emailed an invitation from the PGME office to participate in the needs analysis with a link to complete an online survey through FluidSurveys. Forty-nine PAs completed the online survey. The survey took approximately 5-10 minutes to complete (see Appendix B for the survey; Appendix C for the survey data).

2.5 Data Analysis
In order to validate the research findings via the triangulation of qualitative and quantitative data, results were compared from the online survey, and the focus group interviews (Altrichter, Posch & Somekh, 1996; Graff, 2014; O'Donoghue and Punch, 2003;). Inductive and deductive reasoning were used to interpret the interview data. The writing adopted a narrative tone in order to best capture the experiences of the PAs, and direct quotations were included when relevant.

2.6 Qualitative Analysis
Qualitative data analysis was conducted according to the work of Merriam (2001) and Bogdan and Biklen (1998). To ensure accuracy of the transcribed text, the researcher compared the transcribed interview to the audio recording (mp3 file), and made corrections, as required. Open coding of the text was conducted by hand, with an initial list of codes developed, followed by a second coding to form themes. Several additional reviews of the coding ensured that no new codes were identified from the data. The data was then categorized to supply detailed information to answer the research questions. A draft report was sent to two additional researchers along with the transcripts in order to verify the findings.
From the findings, the PAs' perspective was reported with respect to current strengths, shortcomings, and areas to improve with regard to the PGME office and professional development that would support them in their role. Direct

quotes were employed to demonstrate participants' opinions and concerns and to provide objective evidence regarding the PAs' perception. PAs were sent a summary of the findings and given an opportunity to change, delete or expand upon any text or interview quote that distorted their point of view. No changes were made as a result of our invitation to PAs.

2.7 Quantitative Analysis

Descriptive statistics and response frequencies were employed to analyze the PAs' experiences and needs with regard to professional development and the PGME office. The validity of this research was primarily supported by the triangulation of two different forms of data: online surveys, and focus group interviews. Patton (2002) states that triangulation strengthens research by combining different types of methods or data. As well as the triangulation of the data, any disconfirming information was included in the research report in order to confirm validity.

3. Qualitative Findings and Survey Results

The findings from the interviews are chronicled in the ensuing sections followed by supportive survey data.

3.1 Data Analysis

PAs reported they love their jobs and feel privileged to have them. One PA stated, "It is rewarding. I feel I am contributing to society." (P1) A second PA elaborated, "I love my job. I love interacting with the learners and my [Program Director] PD. I really enjoy it." (P6) Several PAs went on to discuss how the residents contribute to their job enjoyment, "I love my residents and I love helping them." (P5)

When asked what they liked most about their job, PAs produced a long list. For one, it was that she is entrusted with responsibility. Other PAs said what they liked best was being part of a team. Similarly, a PA said she appreciated the autonomy and respect she received from her PD. For many PAs, the aspect of their job they reported liking most was the residents. "They all just got their Royal College exam results back and every one of them contacted me and let me know they passed and that [they] couldn't have done it without me, which felt really nice." (P7) Other PAs reported they were grateful for all the opportunities the job allotted them, the wonderful mentors and friendships. Another PA reported she likes "the paperwork, and enjoys the people I work with."

Despite reporting they loved their jobs, PAs were able to identify professional development and many ways the PGME office could improve support to help them effectively carry out their roles and responsibilities. The analysis of the interview data is organized under the themes of the W(e)Learn framework; Content, Media (delivery), Structure, and Service (MacDonald et al, 2009). Each of these themes and their subthemes are discussed in the ensuring sections of this paper.

3.2 Content

PAs stated they were eager to participate in professional development. One PA reported they were "hungry" for professional development. One PA stated, "As

long as I know the content is worth my time, then I will take that time. Sometimes it is really busy, but that is life."

The professional development topics identified by PAs emerged into the following seven themes which are discussed in the ensuring sections: *1) Human Resources; 2) 'Crucial' Course Series; 3) Career Development; 4) Evaluation; 5) Policy; 6) Multigenerational Workforces;* and *7) Best Technological Practices of Relevance to PAs.*

3.2.1) Human Resources

PAs stated they would like professional development on human resource issues. One PA explained, "Human resource courses starting at the grassroots would be helpful, because that is what we do." (P3) PAs stated training on labour relations and legal issues would be beneficial. One PA stated, "Legal issues. When you are dealing with remediation and leaves it is important to be up on that. Somebody [should] sit down and tell you all the stakes involved." (P1)

Several PAs said they needed training on how to deal with residents in crisis. PAs explained that residents experience everything from birth to death during their programs. One PA stated, "I would like the skill set to deal with that." (P7)

Survey results generally corresponded with the qualitative findings. As shown in Table 1 (Appendix C), the majority of PAs surveyed either agreed or strongly agreed with the statements regarding training in human resources activities would assist in their performance expectations. However, it should be noted that as many as 30% of respondents disagreed with some statements. In other words, some PA's felt for the following tasks they did not require further training: hiring new trainees, maintaining and organizing CaRMS (Canadian Resident Matching Service) files, website content, and coordinating interviews for CaRMS, foreign medical graduates and fellowship trainees. For all of the others tasks listed in Table 1, the vast majority of PAs felt that additional training would assist in meeting or exceeding performance expectations.

3.2.2) Communications and Conflict Management Courses

There was a general consensus that professional development to improve communications and conflict management would be beneficial and appreciated. The University of Ottawa has made completion of training in the VitalSmarts courses 'Crucial Conversations' and 'Crucial Accountability' mandatory for all postgraduate learners and Program Directors (www.vitalsmarts.com). One PA stated, "I really like those crucial courses." (P1) Another PA agreed and elaborated. "More professional development like the crucial conversation, confrontations, and accountability courses. We need education." (P1) Another PA went so far as to suggest the crucial courses should be mandatory.

About 61% of survey respondents either agreed or strongly agreed that receiving training in "advising a resident in minor or major distress or difficulty with regard to acting with discretion, tact and diplomacy" would be helpful in meeting their performance expectations.

3.2.3) Career Development

PAs suggested professional development that would help them find jobs, and advance within the PGME community would be beneficial. One PA suggested. "This isn't about people wanting to leave. It is about helping us stay in the

industry." (P2) PAs agreed that they could use training on how to advance and move around the Faculty of Medicine in the event that an opportunity arose.

Several PAs identified leadership training as a topic that would support them in fulfilling their job expectations and advancing in their careers. "Doing the Myers-Briggs or STI you discover yourself, but it was also interesting to learn about others. Being able to gauge where they might be, can help you interact and increase your professional and communication skills." (P3) Another PA stated, "We have to have leadership skills to do our job."(P2) Similarly, one PA reiterated, "I would like something on leadership. Promoting how we can elevate levels with our peers. So we are not just seen as a secretary." (P8)

3.2.4) Evaluation

PAs explained training related to the mandatory resident examinations would help them carry out their roles more efficiently. "Sometimes we have to create, coordinate and collaborate those exams. We need a grassroots understanding of these." (P2)

PAs shared they would like to be more involved in the CaRMS process. One PA shared. "I have always wanted to be involved in the CaRMS process. As a next step to being a program administrator it would be nice to learn." (P5) Another PA pointed out that there are inconsistencies regarding PAs involvement with CaRMS. "Some PAs are part of CaRMS and some are not." (P5). There was unanimous agreement in response to one PAs comment, "I would like courses on the research that has been done on the [CaRMS] interview processes." (P3) Another PA suggested she would like high-level training that could lead to challenges and opportunities. "I attended the physician portion at [the International Conference on Residency Education] ICRE. There were sessions on research that has been done on the CaRMS selection process." (P1)

Under the evaluation umbrella, several PAs said they would like training on using ePortfolios as one strategy to document residents. "We need an ePortfolio in our program and we have to start it as of July. I need information to keep going forward."(P5) Similarly, another PAs stated "If I could get a course on ePortfolios, the selection process, and the CaRMS interviews." (P4) Another PA pointed out that training could help make them more efficient. "There are so many things we don't know how to use. I bet we could save and maximize time. (P6) Table 4 (Appendix C) outlines the evaluation tasks and it is very clear that the majority of PAs would like more training around all aspects of evaluation processes and documentation.

3.2.5) Policy

Several PAs conveyed they need training on the most recent policies in PGME. PAs stated they want more warning of changes in policies and procedures, consistent information, and an up-to-date website outlining the latest policies. "Maybe the PGME office could identify someone who could assist PA's with websites. I want to put up my new PD's headshot and want some basic support." (P10) Another PA complained websites should be up-to-date and communicate the current procedures and policies. One PA pointed out that the PA manual under development has guidelines that could be helpful to them when dealing with policy changes. "The guideline for this is the PA manual being constructed right now. There are a lot of things that can be pulled out of

that to say how can we help support you." (P2) PAs suggested that an information session from The Professional Association of Residents of Ontario (PARO) would be beneficial to support them in effectively doing their job.

PAs agreed that they would like professional development on the accreditation policies and process. They wanted to know what is expected, and how to address the problems that need to be fixed. "We really need accreditation [professional development] sessions now. We are less than a year out now so if we have problems to fix, we need to do it now and fix them properly." (P7)

Several PAs stated they would like professional development on policies related to licensing. Another PA expressed she would like training on alternative licensing; "Because my residents don't work in a hospital setting so some of them have a limited license when they get out but I don't really understand how that all works. (P8)" Another PA also wanted training on policy. She elaborated, "We have sub-specialty programs within each department that are not credited. I would like a workshop on how to apply for that program to receive their accreditation from the Royal College". (P7)

According to the survey results, about 31% of respondents felt they would benefit from further training in "assisting with planning and developing of Policies and Procedures relating to the educational program complying with external agencies."

3.2.6) Multigenerational Workforce Issues

Several PAs stated they wanted training on generational issues so they could better understand and relate to new residents entering the program. Some felt there was a generation gap between them and the residents and that training would help address this cavity. One PA stated; "I need professional development on generational issues."(P3)

3.2.7) Best Technological Practices

Several PAs reported they would like training on how to use the latest technology. One PA stated, "I would love once a year for someone to come show us technology. They do it at the ICRE conference, 'Best practices' or 'Tips and tricks' what is new, what is out there?" (P9) Another PA agreed and mentioned how helpful she found it when another PA taught her how to use an online bookmark website. A PA shared that learning how to use Dropbox made her more efficient. Similarly, others mentioned knowing how to use tools such as Google Hangout, and survey software greatly impacted their work efficiency. However, the survey results show that there is little interest in more training for routine computer tasks such as computer login and password assignments to trainees.

3.3 Delivery

There were mixed opinions with regard to how PAs reported they would like professional development delivered. Issues related to the delivery of professional development emerged into the following two themes: *1) Time* and *2) Convenient Access.*

3.3.1) Time

Several PAs indicated they were not concerned about how but when content was delivered. One PA said, "The delivery is not important. It is the timing and the time." (P3). PAs said the content needed to be offered at convenient times and locations. One PA emphasized the training should not be more than three hours because that is the maximum time she can afford to be away from her office. She suggested the best type of training was onsite lunch and learns. However others said that lunchtime was not a convenient time to attend professional development. One PA explained; "In my specialty I don't get a lunch hour because my physicians are on a unit in the morning and afternoon. They come and see me on their lunch hour. I like half day or full day sessions." (P2)

Other PAs recommended the end of the workday as the best time for professional development. "Maybe almost after hours, starting at three." (P3) Others however, were adamant at the end of the day they need to get home to their families. Some PAs suggested that flexibility in the time of the training was key to them being able to access and participate. "A balance. If I am dealing with an issue, "I have fifteen minutes right now. Give me the quick and dirty I need to know right now to survive." Later I can follow up." (P7)

3.3.2) Convenient Access

PAs noted that providing convenient access to professional development was an important consideration. Most PAs responded they would like their continuing education to be face-to-face. One PA said she liked webinar and online learning so she could focus and complete the modules at her convenience. (P3) However, some PAs noted that due to firewalls, they are often unable to access webinars or videoconferences at the hospitals. One PA explained. "Some things at The Ottawa Hospital (TOH) are TOH internal broadcast only. I am at Bruyère so I can't attend unless I come offsite. It is a very TOH centric world. Accessibility is the biggest thing." (P4) Other PAs said a combination of face-to-face and online learning would best suit their needs. "I prefer hands-on versus just reading. If there is a way to incorporate 'doing' versus just if you click here this is what you do, I like actually doing." (P3)

3.4 Structure

The interview data regarding structure fell into the following eight themes: 1) *Culture; 2) Coordination; 3) Workload; 4) Timelines; 5) Emails; 6) Accreditation; 7) Communication; 8) Medtech ticket system.* These themes are explored in the ensuing sections.

3.4.1) Culture

PAs reported there was a nomenclature issue related to the scope and depth of the PA role. PAs pointed out that some of them are part-time, some full-time, some employees of the hospital, others are university employees and some are employed by both which lead to inconsistencies in expectations and roles, and affects responsibilities and how they are treated. The PAs explained that they wear multiple hats, which can lead to unrealistic expectations and stress. "You have your hospital hat, your university hat." (P5) One PA elaborated; "My position is paid, partly by the hospital and partly by the university." (P7)

3.4.2) Coordination

PAs reported better coordination is needed between the undergraduate medical education (UGME) and PGME offices within the Faculty of Medicine. One PA voiced her desire for improved coordination between the two offices. "There needs to be more coordination between the undergrad and the postgrad office." (P7)

3.4.3) Workload

PAs were adamant their workloads were continually getting larger and broader making it difficult for them to meet job expectations. One PA explained, "All these new initiatives are adding to the PA's role. It is just too much. How do we implement this into our daily duties?"

PAs consistently commented that the accreditation process adds an extra layer to their workload they did not feel the PGME office, residents and PDs recognized or appreciated. One PA expressed concern regarding burgeoning workloads. "I have heard doctors say they realize it [preparing for accreditation] means more work. Another PA used the following metaphor to describe the concept of escalating workloads: "We are putting pennies in the jar. PGME, Royal College, everyone has not realized that the jar is overflowing. Those pennies are spilling over. What are you taking away?" (P2) Another PA elaborated. "My biggest challenge is having more tasks added on by postgrad, and none taken away." (P11) Another PA agreed and explained; "For those playing multiple roles it is becoming too much. I do postgrad, undergrad plus another program, not even related to medicine." (P7)

Another PA commented; "I enjoy what I do. It is the extra stuff. It is the time constraints. We are expected to do so much within 40hrs a week and sometimes my job actually takes 80hrs a week." (P8) One PA pointed out that being available by phone 24/7 compounded the workload issue. "PDs don't understand you are not just taking directives from them but PGME, the Royal College, the lead of surgical education, the lead of the OSCEs and people within your department. Sometimes the job is too much." (P10)

3.4.4) Timelines

PAs suggested the PGME office could provide better service by giving them a heads up and reasonable timelines for meeting deadlines. One PA expressed her issue this way: "Some changes we find out about after everything has been implemented. They have known since July it was coming into effect. We were given notice in October you have to have this done by November." (P9) Similarly, another PA also voiced concern regarding unrealistic timelines. "We just received an email from the PGME office that something needs to be done within the next two weeks. I have to ask for an extension. I feel that it is a little unprofessional but there is no other way." (P10) Finally, a PA communicated that timelines caused stress to her workday. "We have scheduled things happening all year and there is always a task added but there is never anything removed. They might think three weeks is a long time but in the PA world it is not [sufficient notice]." (P7)

3.4.5) Emails

PAs agreed the PGME office should improve their emailing system. PAs voiced frustration that emails were often sent to them repeatedly with poor or no communication regarding whether the email was a reminder, or if they could ignore it if they had previously addressed or responded to the request. "The communication is a challenge. Be clear. We would be doing a lot less spinning of wheels." (P5) One PA explained. "Sometimes we get emails that don't really say anything. Or an email has five or six messages. It should maybe be five or six different emails." (P9)

PAs explained the emails are not secret and blind copying causes needless confusion when receivers forward the email to people who have already received it. One PA shared; "They send emails again and sometimes you wonder if it is the first time you received the email? You don't know if the email is for the PDs or us!" (P2) Another PA made it clear she wanted to know explicitly whom emails are from and who (in addition to herself) is receiving the emails, "Say it! To and from…" (P1) PAs elaborated that the blind copying (i.e., bcc'ing) also created frustration for PDs. "There is absolutely no reason to blind copy PAs and PDs. These are not secret emails. We would like to see who the emails are intended for." (P11) PAs highlighted when emails are sent from the PGME office to the PD only, it makes it difficult for them to know what is going on or prompt the director to address the email.

3.4.6) Accreditation

PAs collectively agreed that the PGME office should provide them better structure with regard to accreditation. PAs stated they want the PGME to be an advocate for them communicating with the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC) regarding expectations, deadlines and policies. PAs shared that preparing for accreditation not only required a lot of time, but also caused them a lot of frustration.

Another cause of frustration stemmed from the fact that PAs said they often did not know what was expected with regard to accreditation. One PA explained, "The upcoming accreditation is nebulous. They keep changing the timeframe." (P3) One PA voiced her frustration this way, "Accreditation is one of many tasks. I want enough leeway to make the timeline."(P5) PAs suggested that consistency, clarification and support with regard to accreditation would "improve the standard." (P2)

Survey results show that about 65% of survey respondents felt they would like training with how to better liaise with the RCPSC and CFPC.

3.4.7) Communication

Another PA felt better communication between the PGME office and the PAs would go a long way toward reducing frustration and helping plan workloads to meet accreditation deadlines. "Keep us in the loop. This way we could plan ahead in our workload." (P1)

PAs went on to explain that they want the PGME office to follow-up on their requests so they could confirm the problem they phoned about had indeed been resolved. One PA expounded. "When you call the PGME office usually they know the answer but sometimes they need to check with someone. You never

know if they are following up. Is my question still going? What happened to it?" (P8) Similarly PAs communicated there was frequent turnover in the faculty and having an up-to-date phone list, contact list, and list of job duties would make their job easier. In a similar vein, PAs specified they need PDs and the PGME to communicate in a language they understand. "I need a vocabulary that I can understand." One PA summed up her concerns simply, "A lot of it boils down to communication." (P1)

3.4.8) Medtech Ticket System

PAs expressed unanimous overwhelming frustration regarding the Medtech ticket system. One PA stated, "If you could talk to somebody it would take five minutes to resolve your issue. But you have to send a ticket. Sometimes it takes two days before they get back to you." (P10) Similarly, PAs also communicated a lot of frustration because they were required to go through Medtech if they need support with the 145 evaluation system. In the words of one PA, "I am in 145 and I have an issue. I go to needs support in 145. I need to log it through Medtech. I am busy and now I have got to go and do all the steps." (P8)

Survey results show that as many as 65% of survey respondents felt they would like more training in operational support (See Table 5, Appendix C). These tasks included: assisting with organization and completion of Postgraduate Reviews; coordinating, organizing, compiling and distributing information for all Postgraduate residents; and producing reports and statistics.

3.5 Service

The interview data regarding service fell into the following five themes: *1) Appreciation; 2) Support; 3) Parking; 4) Certificates;* and *5) Mentorship.* These themes are explored in the ensuing sections.

3.5.1) Appreciation

When asked what they liked least about their job several PAs stated their perceived lack of respect toward their role. One PA explained: "I have a degree. Everybody has a role and sometimes I think the disrespect that comes because you are just an administrator. I do this because I am good at it, and that is my niche." (P9) Some PAs indicated they often do not feel appreciated by the PDs, residents and the PGME office. One PA communicated: "We aren't assistants, we are administrators. We work very hard. We are doing HR, dealing with payroll, union and labour relations. (P3) PAs articulated they have a major role in running the department and sometimes feel undermined when PDs call them 'their assistant.'

Some PAs reported that recently they have seen improvements in the support they are receiving from the PGME office. One PA noted that the PGME office supported them to attend training sessions. In her words, "Very supported to attend all of the sessions we want. I feel that PGME is very responsive. They are always thinking about new things." (P4). Another PA acknowledged that things had improved since they hired a new manager and new team members. Another confirmed, "They have been incredible." (P5). Finally, another stated, "It has been amazing." (P1)

One PA voiced appreciation to the PGME office for organizing the focus group and asking for their input. "I am just appreciative that they are doing even this.

That means a lot." (P3) Another PA added, "They are listening." (P2). PAs also recognized that the PGME office has come a long way with regard to professional development since they started. "It was small steps and now we are making some giant steps." (P4) Another PA noted that organization within the PGME has improved. "They have identified who does what in the office. Now if you call, they say, "This person is responsible for that, I will redirect your call." Which is great because for a long time we weren't getting that support." (P9)

PAs felt that PDs do not appreciate how much work and coordination there is going on behind the scenes. For example, one PA showed her PD all of the forms necessary to fill in in order to complete a process. He had no concept of the amount of time it took, and the fact that it was completed seamlessly and transparently to him impressed him.

3.5.2) Support

PAs made several suggestions regarding how they thought the PGME office could better support them in their role. Several PAs said more support in the form of training and appointing mentors for new PAs would help them be more efficient and comfortable in their role. "When I came into my job the previous PA came in and sat with me for two hours and that was my training. Good luck! So postgrad needs to ramp up the support for new PAs." (P9)

PAs highlighted they need support from the PGME office in order to attain access to the library, passcodes for rooms, and Wi-Fi. One PA explained. "The majority of PAs are not university employees. I come to the university a lot for committee and sub-committee meetings and it would be nice to have access to Wi-Fi." (P8)

Several PAs reported that their departments were supportive of them attending professional activities but suggested it wasn't the same situation for all PAs. One PA shared; "My program is very supportive. But I do know some PAs do not get the time off because they have a shared position." (P6) Another PA added. "For some PAs they can't get the time because they have clinical responsibilities in addition to their program responsibilities. That has been a big issue for a large group of PAs."(P7)

Another PA agreed and elaborated:

> It is always the same PAs that attend training; the ones that have support. It is the ones that can't get to the training that need it most. It is very frustrating. They want to do it but they just can't get free. (P8)

3.5.3) Parking

PAs said that support in the way of having free parking facilitates them attending professional development sessions. "Parking for sure." (P6) PAs stated that "beverages" available during the training were appreciated. Another PA confirmed. "Parking and coffee, I don't need food. Parking is important." (P4)

3.5.4) Certificates

PAs stated they would like to receive a certificate acknowledging they participated in professional development. When one PA mentioned she would like a certificate the interviewer asked the group if they wanted a certificate. The group unanimously responded, "Yes!" Another PA elaborated; "Any courses we attend should come back with a little paper that said 'you attended this'.

Something tangible that we can hold in our hands and say 'okay we did this.'"
(P1)

3.5.5) Mentorship
PAs suggested they should take advantage of the knowledge within their group and mentor one another. Another PA agreed and proposed, "Having our mentorship program up and running again would make a big difference, especially for new PAs." (P9) One PA proposed; "We have become stale so it is nice that they are actually recognizing that and pulling us all together in groups to have all of these new initiatives. We are very thankful." (P6) Another PA suggested that once the PGME office analyzes the data from their interviews and identifies what training is most appropriate to support them that the PGME should involve PAs in the design of the training.

4. Summary and Conclusions
In response to the first research question, "*What training opportunities do PAs feel would support them in being effective meeting their role responsibilities and support PDs?*", PAs stated they would like professional development on human resource issues including labour relations, legal issues, and how to support PDs . PAs articulated they enjoy, learn from, and would like more 'Crucial' Course Series. PAs suggested professional development, that would help them find jobs and advance within the PGME industry, understand residents' examinations and the CaRMS interviews, and better utilize ePortfolio, eLogs, and technology, would be beneficial. These findings were generally supported through the surveys as well. PAs felt that tasks with higher level responsibilities including evaluation, curriculum development, liaising with external organizations and leadership tasks were more likely to require more training. There was a feeling of less need for further training regarding day-to-day routine tasks.

PAs conveyed they want more warning of changes in policies and procedures, more consistency in information, and an up-to-date website outlining the latest policies. PAs stated they need training on generational issues so they can understand and relate to the new residents entering the program.

There were mixed opinions with regard to how PAs would like professional development delivered. Several PAs indicated they were not as concerned about how the content was delivered as they were about when it was delivered. PAs suggested that flexibility and convenience in the time of the training was key to them being able to access and complete professional development.

PAs reported there was a nomenclature issue related to the scope and depth of their role. PAs pointed out that their employment status (part-time, full-time, employees of the university or hospital or both) affects their responsibilities and how they are treated. PAs highlighted better coordination is needed between the undergraduate and postgraduate offices within the Faculty. PAs were adamant their workloads were continually getting larger and broader making it difficult to meet job expectations. PAs consistently commented that the accreditation process adds a layer to their workload and they didn't feel the PGME office, residents and PDs recognized or appreciated this. PAs communicated the PGME office could provide better service by giving them advance notice and reasonable timelines for meeting deadlines and by improving their email

system. PAs stated they want the PGME office to advocate for them, communicating with the RCPSC and the CFPC regarding accreditation expectations and procedures, deadlines and policies. PAs expressed unanimous overwhelming frustration regarding the Medtech ticket system.

Some PAs indicated they often do not feel appreciated by the PDs, residents and the PGME office and sometimes feel undermined when PDs call them their "assistant." Some PAs reported that recently they have seen improvements in the support they are receiving from the PGME office.

Several PAs suggested training and a mentor for new PAs would help them be more efficient and comfortable in their role. PAs highlighted they needed support from the PGME office in order to attain access to the library, passcodes for rooms, and Wi-Fi.

PAs said that support in the way of free parking facilitates them attending professional development sessions and they would like to receive certificates acknowledging they had attended and participated in professional development.

In response to the second research question, "*What positive actions can the PGME office take to increase satisfaction with services and resources?*", it is suggested the PGME office take the following actions:

- Make the PA job description explicit.

- Organize training and a mentor system for new PAs and new PDs.

- Provide a manual for PAs so new or replacement PAs have a resource for procedures and policies and a guide on what to do, where to find things and who to call for help.

- Respect PAs' workloads and timelines by acknowledging and rewarding extra workload responsibilities, such as accreditation demands.

- Improve communication between the UGME and PGME offices.

- Improve communication between the PGME office and PAs.

- Improve the email system so everyone understands who emails are from and going to. (i.e., If an email is being resent ensure an effort is made to explain if the issue has already been addressed, as the follow-up email may be ignored)

- Liaise with Medtech for a review of ticket efficiencies.

- PGME office should act as an advocate for PAs communicating with the RCPSC and the CFPC regarding expectations, deadlines and policies.

- PGME office should provide warnings of deadlines and new procedures.

- PGME office should provide PAs with clear information and expectations on the accreditation process.

- Keep new policies up-to-date on the website.

- Ensure that the PGME office, PDs and residents show the PAs respect by referring to them as Program Administrators not Assistants.

- Provide Certificates for professional development activities.

- Provide parking and beverages for professional development activities.
- PAs would benefit from professional development on the following topics:
    - Human Resources (including labour relations, legal issues, dealing with remediation or court cases, and how to support residents in crisis).
    - Crucial Courses (Crucial Conversations, Crucial Accountability, Influencer)
    - Career Development and Leadership
    - Evaluation (resident exams; ePortfolios, eLogs, CaRMS)
    - Policies and Procedures – accreditation policies, RCPSC and CFPC (i.e., updated CanMEDS)
    - Provide an information session from PARO
    - Multigenerational workforces
    - Technology (online surveys, ePortfolios, eLogs)

The findings indicate that there is a significant interest in the major topic areas of: human resources, namely labour relations, remediation, and how to support residents in crisis; communication in terms of the ability to apply crucial conversations methods; career development; leadership; interpreting and implementing policies and procedures; use of technology in education; and diversity.

As a result, the PGME Office has begun planning and will work with the Program Administrator Executive group and the Faculty of Medicine's human resources team to identify courses that can be tailored and targeted for delivery to the PAs. Courses and workshops addressing identified topic areas that will facilitate daily interactions and have an immediate impact will be developed in priority. With this in mind, workshops have been offered on the implementation of social media and on cultural and generational diversity, both with the view to increase the effectiveness of communications with millennial residents and multicultural fellows. Planning for professional development also includes exploring the feasibility of creating online modules for ease of use. As an example, an online module series introducing new PAs to their role, and the tools and supports available to them, is currently under development. This provides the opportunity for new PAs to take the training on their own time, a concern identified in the needs assessment, and reduces the strain of training on the PGME office staff.

Together with evaluations and frequent feedback, the PGME office will have a better understanding of what professional development is of interest to the PAs to support their role and increase opportunities for career advancement.

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Appendix A

uOttawa Postgraduate Medical Education Program Administrator Needs Assessment Focus Group Questions
The purpose of this interview is to identify training opportunities you feel would best support you in being effective at meeting your roles and responsibilities as a Postgraduate Medical Education (PGME) Program Administrator (PA) and help you support your Program Director to effectively meet his/her roles and responsibilities.

Suggested Interview Questions:

Structure
How could the PGME office support you in being an effective PA?
What advice would you give to someone planning training to support PAs in their role?
What barriers or challenges are you facing with delivering or implementing your PA responsibilities?
What message would you like Program Directors to understand about the PA's role and responsibility?
Content
What topics or knowledge would be most beneficial to cover in a training session to support you in your role?
What skills would you like to have covered in a training session?
What organizations or individuals would you benefit from teaching or delivering a training session?
Delivery/Media
What would motivate you to attend a training session for PAs?
What kind of training would best suit your learning style (online; face-to-face; workshop; other (please specify)?
How long would you like training to be?
Service
What support do you need to be able to attend a training session (release time; food; parking)?
What support or resources would be helpful to facilitate your roles as a PA?
What tools or instruments would you like to have to increase the efficiency of your role as PA?

Appendix B

uOttawa Postgraduate Medical Education Program Administrator Needs Assessment Survey

The purpose of this survey is to identify training opportunities you feel would best support you in being effective at meeting your roles and responsibilities as a Postgraduate Medical Education (PGME) Program Administrator (PA) and help you support your Program Director to effectively meet his/her roles and responsibilities.

Please read the definition of a Program Assistant provided for you below. Then identify on a Likert scale of 1-5 (one being least needed and 5 most needed), the training you would most benefit from in meeting or exceeding your roles and responsibilities as a PA in each of the following seven categories related to your job description (1. Human Resource Activities; 2. Internal and External Liaison; 3. Team Facilitation and Event Organization; 4. Evaluation; 5. Operational Support; 6. Membership and Leadership; 7. Advanced Roles and Responsibilities).

General Definition of Program Administrator:

A Program Administrator provides administrative services related to the activities associated with PGME for the University of Ottawa within the hospital's Department/Division. The PA works in collaboration with the Program Director to support Department/Divisions/Sectors who provide teaching to all trainees rotating through the Department/Division. In some cases, depending on experience and negotiated job description, the Program Administrator assumes a greater role than strictly administrative services and may be involved in managing or coordinating educational activities.

1. Human Resource Activities

With regard to Human Resource Activities, please rate your agreement with each of the following statements with regard to benefitting from training to support you in meeting or exceeding in your roles and responsibilities as a PA (1=strongly disagree, 2=disagree, 3=not sure, 4=agree, 5=strongly agree, 6=does not apply):

- assisting with the hiring of new trainees
- developing, implementing and participating in the recruitment and orientation of PGME programs (CaRMS, IMG, Outfunded, Fellowships)
- maintaining and organizing PGME CaRMS files
- maintaining and organizing PGME web site content
- coordinating CaRMS interviews for MOH applicants and IMG applicants
- coordinating interviews for foreign medical graduates and fellowship trainees
- coordinating and maintaining trainee applications and files
- coordinating hospital privileges for all new postgraduate trainees (including foreign sponsored fellows)
- organizing and verifying vacation, conference, and other leave requests (MAT, PAT, LOA)
- Creating distributing and facilitating the following postgraduate schedules
- rotation schedules
- call schedules
- elective rotation schedules
- off-service rotation schedules
- coordinating resident training schedules (developing, updating, resolving conflicts with rotation over-booking).
- coordinating information retrieval for training verification requests.
- providing first point of contact for a resident in minor or major distress or difficulty with regard to acting with discretion, tact and diplomacy
- providing immediate guidance and direction to trainees regarding:
- referring the trainee to the appropriate contacts and supports
- when to notifying the Program Director (as appropriate) of concerns about a trainee

2. Internal and External Liaison

Please rate your agreement with each of the following statements with regard to benefitting from continuing education in Internal and External Liaison Activities, to support you in meeting or exceeding in your roles and responsibilities as a PA (1=strongly disagree, 2=disagree, 3=not sure, 4=agree, 5=strongly agree, 6=does not apply):

- acting as a central point of reference for general academic inquiries pertaining to PGME related to the Department/Division

- liaising for Academic Education with governing bodies and affiliated organizations, lead contact for communication with the following organizations/affiliations:
- Postgraduate Medical Education, University of Ottawa
- Other TOH Departments, CHEO, Montfort, Royal Ottawa, Bruyère
- Other University of Ottawa Departments (Undergraduate Medical Education, Animal Care and Veterinary Services, Anatomy Laboratories, Continuing Professional Development, Office of Professional Affairs, Bureau des affaires Francophone, Wellness Programs)
- Affiliated Research Organizations: Ottawa Hospital Research Institute, CHEO Research Institute, Montfort Hospital Research Institute, University of Ottawa Heart Institute, University of Ottawa Institute of Mental Health Research, Élisbeth-Bruyère Research Institute, Graduate Studies Office
- Royal College of Physicians and Surgeons of Canada or College of Family Physicians of Canada
- Specialty specific organizations
- Canadian Residency Matching Service (CaRMS)
- Canadian Medical Protective Agency (CMPA)
- College of Physicians and Surgeons of Ontario (CPSO)
- Touchstone Institute (Formerly, Centre for the Evaluation of Health Professionals Educated Abroad - CEPHEA)
- Other Postgraduate Medical Education Programs (Canadian and U.S.A.)
- Liaising with Industry

3. Team Facilitation and Event Organization

Please rate your agreement with each of the following statements with regard to benefitting from continuing education in Team Facilitation and Event Organization Activities, to support you in meeting or exceeding in your roles and responsibilities as a PA (1=strongly disagree, 2=disagree, 3=not sure, 4=agree, 5=strongly agree, 6=does not apply):

- organizing and attending Residency/Fellowship Training Committee Meetings
- providing administrative support to RTC faculty member
- planning, organizing and coordinating agenda and materials
- recording minutes and disseminates information to members
- preparing accreditation material and reports
- coordinating the planning and implementation of the following:
- Academic Day Lectures
- Research Curriculum
- Mentorship Program
- Annual Postgraduate Research Day
- Annual Resident Education Retreat
- Annual Fellow Retreat
- Annual Award Ceremony
- OSCE Examinations
- Review Course
- Simulation Sessions
- Anatomy Lab Sessions
- Workshops
- Specialty Specific Examinations
- Journal Club

- liaising with other programs/sites/departments for web conferencing and video conferencing of academic activities
- ensuring the availability and operational condition of all computer equipment and audiovisual/videoconferencing equipment for medical educatio

4. Evaluation

Please rate your agreement with each of the following statements with regard to benefitting from continuing education in Evaluation, to support you in meeting or exceeding in your roles and responsibilities as a PA (1=strongly disagree, 2=disagree, 3=not sure, 4=agree, 5=strongly agree, 6=does not apply):

- coordinating and disseminating monthly (Resident/Fellow) evaluations (Web Evaluation system Management - One45) for postgraduate education programs within the Department
- organizes the trainee evaluation meetings with the Program Director
- assisting with the design of specialty specific evaluations
- collating evaluation information for resident/fellow dossiers
- organizing specialty specific examinations
- organizing OSCE examinations
- assisting with documentation of performance evaluations of residents in difficulty
- assisting with documentation of implementation of remedial training
- coordinating and disseminating (once PD approved) yearly Faculty evaluations by residents
- participating in site evaluations, for example, visit to Thunder Bay (NOSM)

5. Operational Support

Please rate your agreement with each of the following statements with regard to benefitting from continuing education in Operational Support, to support you in meeting or exceeding in your roles and responsibilities as a PA (1=strongly disagree, 2=disagree, 3=not sure, 4=agree, 5=strongly agree, NA):

- Facilitating visits and assisting with producing documentation for the Royal College of Physicians and Surgeons of Canada or College of Family Physicians of Canada Accreditation
- Visits
- Mini review
- Internal review
- External review
- assisting with preparation and submission of Residency Placement Committee Reports
- assisting residents with access to librarian services
- assisting with planning and developing of Policies and Procedures relating to the educational program and ensures compliance with all external agencies
- assisting with organization and completion of Postgraduate Reviews
- coordinating, organizing, compiling and distributing information for all Postgraduate residents as follows:
- Policies and procedures (conference/workshop travel, rotation)
- Call schedules in accordance to institutional policies and procedures (ie: webxchange)
- Academic Calendar
- Rotation schedules

- Electives
- Orientation guides/booklets
- Award nominations for resident, and teaching faculty
- Emails, memos and other relevant notices
- working collaboratively with other programs and sites
- demonstrating project management and planning skills in the day-to-day operational activities of training programs with the Department/Division
- producing reports and statistics
- developing, managing and maintaining the Department Financial Plan (Budgets) for Academic Education (Postgraduate)
- maintenance and reconciliation of PGME expenditures and deposits
- processing all academic (postgraduate) financial transactions
- processing cheque requisitions, invoices, ATC
- Controlling the funding allocation and claims for PGME trainees (residents and fellows)
- Liaising with Pharmaceutical Companies for educational financial support
- Preparing financial reports (Department, University of Ottawa, PGME Office)
- MTCU Grants
- T & R Funds
- Foreign Trainee Funding
- Foreign Fellows Grant Funding
- Distribution of Medical Education Funds (DME)
- providing log on identification to hospital computer programs for all trainees
- providing office/conference/call room key and/or password assignment to all trainees
- supports electives process

6. Membership and Leadership
Please rate your agreement with each of the following statements with regard to benefitting from continuing education in Membership and Leadership, to support you in meeting or exceeding in your roles and responsibilities as a PA (1=strongly disagree, 2=disagree, 3=not sure, 4=agree, 5=strongly agree, 6=does not apply):

- Postgraduate Training Committee
- being a contributing member to discussions and recommendations
- Program Administrators General Assembly
- Attends PGME meetings including those for updates to policies and procedures
- Specialty Specific Organizations
- Canadian Program Coordinators within specialty
- Workshops and Seminars for PA Professional Development offered by the PGME
- Program Administrator Track for the Royal College of Physicians and Surgeons of Canada
- Canadian Administrators in Medical Education Operations (CAMEO)
- Participates in PA committees such as; PA Executive; PA Retreat and PA Wellness)
- Acts as a resource person for new PAs

7. Advanced Roles and Responsibilities
Please rate your agreement with each of the following statements with regard to benefitting from continuing education in Advanced Roles and Responsibilities, to

support you meeting or exceeding in your roles and responsibilities as a PA (1=strongly disagree, 2=disagree, 3=not sure, 4=agree, 5=strongly agree, 6=does not apply):

- leading and or attends bimonthly academic administrative team meetings and reviews the status, maintenance and timeframes of ongoing Department/Division educational projects and activities
- managing, implementing and developing educational projects and programs, such as;
- Academic Lectures
- Simulation Workshops
- Lectures and Labs
- Rounds
- Electives
- CanMEDs roles
- developing and maintaining the Education Web Site
- assisting in the development of a web-based curriculum
- developing and implementing teaching curriculums
- participation in obtaining funding for special projects and in development and implementation
- overseeing organization of Mentorship Program and mentorship related activities
- developing and maintains PGME Objective Booklet, PGY1 Orientation Booklet, Off-Service Trainee Orientation Booklet
- contributing to Department Newsletter
- collaborating with the Touchstone Institute (formerly, CEPHEA)
- representing the program nationally and/or internationally, for example: attending meetings, recruitment

Appendix C

Table 1. Human Resource Activities (N = 49)

Training in the following task(s) would assist me in meeting or exceeding my PA performance expectations:

	SD	D	N	A	SA	NA
hiring new trainees	1	10	7	10	14	6
developing, implementing and participating in the recruitment and orientation of PGME programs	1	4	7	19	12	5
maintaining and organizing PGME CaRMS files	1	8	5	19	9	7
maintaining and organize PGME web site content	0	10	5	17	9	8
coordinating CaRM interviews for MOH and IMG applicants	1	13	4	14	11	6
coordinating interviews for foreign medical graduates and fellowship trainees	1	13	5	13	12	5
coordinating and maintaining trainee applications and files	2	7	9	16	13	2

coordinating hospital privileges for new postgraduate trainees (including foreign sponsored fellows)	2	6	6	13	14	8
organizing and verifying vacation, conference, and other leave requests (MAT, PAT, LOA)	2	4	9	13	16	5
creating distributing and facilitating postgraduate schedules (rotation; call ; elective rotation)	3	7	4	16	15	4
coordinating resident training schedules (developing, updating, resolving conflicts with rotation over-booking)	4	6	6	12	15	6
coordinating information retrieval for training verification requests	4	5	9	15	9	7
advising a resident in minor or major distress or difficulty with regard to acting with discretion	4	4	4	13	17	6
providing immediate guidance and direction to trainees regarding appropriate contacts and supports	2	1	9	13	19	5
appropriate circumstanced to notifying the Program Director regarding concerns about a trainee	1	9	3	16	16	4

(SD=strongly disagree, D=disagree, N=not sure, A=agree, SA=strongly agree, NA=does not apply)

Table 2. Internal and External Liaison (N = 49)

Training regarding how to liaise with the following organizations/departments would assist me in meeting or exceeding my
PA performance expectations:

	SD	D	N	A	SA	NA
Postgraduate Medical Education, University of Ottawa	1	11	3	20	12	2
Other TOH Departments, (CHEO, Montfort, Royal Ottawa, Bruyère)	2	8	5	21	9	3
Other University of Ottawa Departments	3	10	9	16	7	4
Affiliated Research Organizations (Ottawa Hospital Research Institute, CHEO Research Institute, Montfort Hospital Research Institute, etc).	3	10	6	17	9	4
Royal College of Physicians and Surgeons of Canada or College of Family Physicians of Canada	1	4	7	22	10	5
Specialty specific organizations (Canadian Residency Matching Service (CaRMS); Canadian	2	4	3	22	13	5

Medical Protective Agency (CMPA); etc.						
Industry	3	9	15	8	6	8

(SD=strongly disagree, D=disagree, N=not sure, A=agree, SA=strongly agree, NA=does not apply)

Table 3. Team Facilitation and Event Organization (N=49)

Training in the following task(s) would assist me in meeting or exceeding my PA performance expectations:

	SD	D	N	A	SA	NA
organizing and attending Residency/Fellowship Training Committee Meetings	1	16	6	14	10	2
providing administrative support to RTC faculty members	2	13	8	12	11	3
planning, organizing and coordinating agendas and materials	2	22	4	7	12	2
recording minutes and disseminates information to members	3	20	3	10	10	3
preparing accreditation material and reports	0	1	2	13	29	42
coordinating the planning and implementing of Academic Day Lectures	2	7	9	12	11	8
coordinating the planning and implementing of Research Curriculum	3	6	8	13	10	9
coordinating the planning and implementing of the Mentorship Program	1	7	5	15	12	9
coordinating the planning and implementing of the Annual Postgraduate Research Day	3	14	6	9	7	9
coordinating the planning and implementing of the Annual Resident Education Retreat	3	11	6	10	9	10
coordinating the planning and implementing of the Annual Fellow Retreat	3	10	4	8	8	16
coordinating the planning and implementing of the Annual Award Ceremony	4	11	6	9	7	11
coordinating the planning and implementing of the OSCE Examinations	3	8	6	12	9	11
coordinating the planning and implementing of the Review Course	3	9	8	8	9	11
coordinating the planning and implementing of Simulation Sessions	3	8	4	11	12	10
coordinating the planning and implementing of	3	6	4	9	8	17

Anatomy Lab Sessions						
coordinating the planning and implementing of Workshops	3	10	5	11	9	10
coordinating the planning and implementing of Specialty Specific Examinations	3	6	9	11	9	9
coordinating the planning and implementing of Journal Clubs	2	9	8	9	9	10
liaising with other programs/sites/departments for web conferencing and video conferencing	4	6	7	15	13	2
ensuring the availability and operational condition of all computer equipment	5	9	4	11	14	4

(SD=strongly disagree, D=disagree, N=not sure, A=agree, SA=strongly agree, NA=does not apply)

Table 4. Evaluation (N=49)

Training in the following task(s) would assist me in meeting or exceeding my PA performance expectations:

	SD	D	N	A	SA	NA
coordinating and disseminating monthly (Resident/Fellow) evaluations (Web Evaluation system Management - One45)	3	6	4	15	14	4
organizing evaluation meetings with the Program Director	3	11	6	13	10	3
assisting with the design of specialty specific evaluations	0	5	7	13	13	8
collating evaluation information for resident/fellow dossiers	0	8	3	19	12	4
organizing specialty specific examinations	3	7	7	11	10	8
organizing OSCE examinations	2	7	4	12	10	11
assisting with documentation of performance evaluations of residents in difficulty	2	2	5	16	15	6
assisting with documentation of implementation of remedial training	2	1	5	16	15	7
coordinating and disseminating (once PD approved) yearly Faculty evaluations by residents	2	8	2	14	13	7
participating in site evaluations, for example, visit to Thunder Bay (NOSM)	2	7	7	8	9	13

(SD=strongly disagree, D=disagree, N=not sure, A=agree, SA=strongly agree, NA=does not apply)

Table 5. Operational Support (N=49)

Training in the following task(s) would assist me in meeting or exceeding my PA performance expectations:

	SD	D	N	A	SA	NA
facilitating visits and assisting with producing documentation for the Royal College of Physicians and Surgeons of Canada	1	2	7	21	10	5
facilitating visits and assisting with producing documentation for the College of Family Physicians of Canada Accreditation	3	4	6	11	10	11
assisting with preparation and submission of Residency Placement Committee Reports	2	5	10	11	10	8
assisting residents with access to librarian services	2	6	8	13	11	6
assisting with planning and developing of Policies and Procedures relating to the educational program complying with external agencies	2	3	10	14	11	6
assisting with organization and completion of Postgraduate Reviews	2	3	9	14	11	7
coordinating, organising, compiling and distributing information for all Postgraduate residents	1	9	6	13	11	5
working collaboratively with other programs and sites	1	8	7	11	14	4
demonstrating project management and planning skills in the day-to-day operational activities of training programs	1	5	3	18	14	4
producing reports and statistics	1	4	4	18	14	4
developing, managing and maintaining the Department Financial Plan (Budgets) for Academic Education	2	7	4	13	12	7
maintenance and reconciliation of PGME expenditures and deposits	1	10	6	8	13	7
processing all academic (postgraduate) financial transactions	1	11	3	10	13	7
controlling the funding allocation and claims for PGME trainees (residents and fellows)	2	8	4	11	13	7
liaising with Pharmaceutical Companies for educational financial support	4	9	5	10	9	8
preparing financial reports (Department, University of Ottawa, PGME Office)	2	8	7	10	10	8

providing log on identification to hospital computer programs for all trainees	4	11	4	10	9	7
providing office/conference/call room key and/or password assignment to all trainees	4	16	2	12	7	4
supporting electives processes	2	4	3	15	17	4

(SD=strongly disagree, D=disagree, N=not sure, A=agree, SA=strongly agree, NA=does not apply)

Table 6. Membership and Leadership (N=49)

Please rate your agreement with each of the following statements regarding the Postgraduate Training Committee to support you in meeting or exceeding in your roles and responsibilities as a PA:

	SD	D	N	A	SA	NA
Being a contributing member to discussions and recommendations	1	4	5	16	15	4
Program Administrators General Assembly	1	3	7	15	14	5
Attends PGME meetings including those for updates to policies and procedures	1	2	4	17	16	5
Specialty Specific Organizations	1	3	12	12	9	8
Canadian Program Coordinators within specialty	1	5	8	15	9	6
Workshops and Seminars for PA Professional Development offered by the PGME	2	2	4	16	16	5
Program Administrator Track for the Royal College of Physicians and Surgeons of Canada	1	4	5	14	15	6
Canadian Administrators in Medical Education Operations (CAMEO)	3	6	12	9	8	7
Participates in PA committees such as; PA Executive; PA Retreat and PA Wellness)	2	5	7	13	14	4
Acts as a resource person for new PAs	2	7	5	12	15	4

(SD=strongly disagree, D=disagree, N=not sure, A=agree, SA=strongly agree, NA=does not apply)

Table 7. Advanced Roles and Responsibilities (N=49)

Training in the following task(s) would assist me in meeting or exceeding my PA performance expectations:

	SD	D	N	A	SA	NA
leading and or attending bimonthly academic administrative team meetings	2	6	14	9	10	4
reviewing the status, maintenance and timeframes of ongoing Department/Division educational projects and activities	2	8	8	14	9	4

managing, implementing and developing educational projects and programs such as Academic Lectures, Simulation workshops, etc.	2	8	8	10	11	6
developing and maintaining the Education Web Site	3	8	11	10	9	4
assisting in the development of a web-based curriculum	2	9	6	14	9	5
developing and implementing teaching curriculums	1	10	9	9	10	6
participation in obtaining funding for developing and implementing special projects	1	12	10	10	7	5
overseeing the organization of the Mentorship Program and related activities	1	13	7	9	10	5
developing and maintaining PGME Objective Booklet, PGY1 Orientation Booklet, Off-Service Trainee Orientation Booklet	2	7	6	14	7	9
contributing to Department Newsletter	4	12	10	7	6	6
collaborating with the Touchstone Institute (formerly, CEPHEA)	1	7	12	13	6	6
representing the program nationally and/or internationally, for example: attending meetings, recruitment	1	7	15	7	11	4

(SD=strongly disagree, D=disagree, N=not sure, A=agree, SA=strongly agree, NA=does not apply)