EMARC

Emergency Medicine Association of Residency Coordinators

Program Coordinator

SALARY DATA SUMMARY

Survey Conducted by EMARC
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CORD EM

COUNCIL OF RESIDENCY DIRECTORS IN EMERGENCY MEDICINE

Program Coordinator Salary Data Summary

What is your current position title?

	N	%
Academic Program Administrator or Coordinator	2	1.7
Assistant EM Residency Coordinator	1	0.8
Assistant Residency & Fellowship Coordinator	1	0.8
Clerkship Administrator or Coordinator, Medical Student Coordinator, or Medical Student Program Manager	3	2.5
Clinical Education Coordinator	1	0.8
Education Manager or Education Program Manager	5	4.2
EM Residency Coordinator, EM Residency Program Coordinator, EM Residency Coordinator II	5	4.2
EM Residency Supervisor	1	0.8
Fellowship & Education Program Coordinator	1	0.8
Fellowship Program Coordinator	1	0.8
GME Coordinator, GME Program Coordinator or Administrator, GME Coordinator II, Graduate Program Manager	6	5.0
Health Professions Education Specialist or Health Professions Education Program Specialist II	2	1.7
Medical Education Administrator, Medical Education Program Academic Manager, Medical Education Program Coordinator	3	2.5
Program Support Specialist	1	0.8
Program Administrator, Program Coordinator, Program Coordinator I, Program Manager, Program Supervisor, or Training Program Administrator	52	43.3
Residency Administrator	1	0.8
Residency and Fellowship Coordinator	1	0.8
Residency Coordinator, Residency Coordinator II, Residency Coordinator Specialist II, Residency Manager, Residency Program Coordinator, Residency Program Manager	29	24.2
Residency, Fellowship, and Medical Student Program Coordinator	1	0.8
Senior Education Manager, Senior Education Program Manager, Senior GME Administrator, Senior Program Manager, Senior Residency Coordinator, Senior Residency Program Coordinator, Senior Residency Program Specialist, Senior Residency/Fellowship Program Coordinator, Senior Resident Coordinator, Senior Residency Coordinator	12	10.0

What is your level of education?

	N	%
High School Diploma	24	20.0
Some College	2	1.7
Some College & NREMT	1	0.8
Associates Degree	23	19.2
Bachelors Degree	42	35.0
Masters Degree	28	23.3

Are you currently TAGME certified?

	N	%
No	99	82.5
Yes	21	17.5

Is there a different range for salary based on TAGME certification?

	N	%
No	101	84.2
Yes	18	15.0

How many years have you worked in Graduate Medical Education?

	N	%
Less than 1 year	4	3.3
1-3 years	37	30.8
4-6 years	21	17.5
7-10 years	13	10.8
11+ years	45	37.5

How many years have you worked in Emergency Medicine GME, specifically?

	N	%
Less than 1 year	9	7.5
1-3 years	42	35.0
4-6 years	22	18.3
7-10 years	16	13.3
11+ years	31	25.8

In what region are you employed?

	N	%
Midwest	36	30.0
Northeast	37	30.8
Pacific	8	6.7
South	26	21.7
West	12	10.0
Northeast & South	1	0.8

Hospital or Institution Type

	N	%
Academic medical center	50	41.7
Community hospital	28	23.3
University-affiliated hospital	29	24.2
County hospital	2	1.7
Private, non-profit hospital	1	0.8
Both academic medical center and community hospital	1	0.8
Both academic medical center and university-affiliated hospital	4	3.3
Both university-affiliated hospital and community hospital	2	1.7
Academic medical center, community hospital, and university-affiliated hospital	3	2.5

How many residents are in the programs you coordinate?

	N	%
1-10	3	2.6
11-20	14	12.1
21-30	32	27.6
31-40	30	25.9
41-50	19	16.4
51-60	11	9.5
61-70	1	0.9
71-80	3	2.6
81-90	1	0.9
91-100	1	0.9
>100	1	0.9

Note: Four respondents indicated they only work with students or fellows; they are not included in this table.

The **mean** number of residents in respondents' programs was 37.8, ± 24.2, 95% CI: 33.4-35.6.

The **median** number of residents in respondents' programs was 34.0, IQR: 27.0, 45.0.

Do you also coordinate Emergency Medicine fellowships?

	N	%
No	76	63.3
Yes	44	36.7

How many fellowship programs do you support?

	N	%
1	17	14.2
2	9	7.5
3	5	4.2
4	4	3.3
5	3	2.5
6	3	2.5
7	2	1.7
10	1	0.8
16	1	0.8
0 or not applicable	75	62.5

The **mean** number of fellowships supported was 3.08 ± 2.91, 95% CI: 2.20-3.95.

The **median** number of fellowships supported was 2.00, IQR: 1.00, 4.00.

What is your current annual base salary before taxes?

	N	%
Under $45,000	1	0.8
$45,000 – $54,999	18	15.0
$55,000 - $64,999	39	32.5
$65,000 - $74,999	31	25.8
$75,000 - $84,000	18	15.0
$85,000 or more	13	10.8

How far above your state minimum wage is your salary? (Dollar amount)

	N	%
$0-$10	11	13.6

$10.01-$20.00	48	59.3
$20.01-$30.00	19	23.5
$30.01-$41.00	3	3.7

The mean dollar amount above their state's minimum wage reported by participants was $17.30 ± 7.53, 95% CI: $15.63 - $18.97.

The median dollar amount above their state's minimum wage reported by participants was $17.00, IQR: $14.00, $21.00.

How far above your state minimum wage is your salary? (Percent above, non-numeric responses)

	N	%
1.5 x higher	1	6.3
2.0 x higher	5	31.3
2.5 x higher	1	6.3
37% higher	1	6.3
41.5% higher	1	6.3
50% higher	2	12.5
60% higher	1	6.3
72% higher	1	6.3
A lot	1	6.3
Quite far	1	6.3
Mid-range for payband	1	6.3

Do you receive additional financial compensation?

	N	%
None	81	67.5
Overtime pay	16	13.3
Stipend for additional programs	1	0.8
Annual bonus or merit-based bonus	19	15.8
Annual bonus or merit-based bonus & stipend for additional programs	1	0.8
Overtime pay & annual bonus or merit-based bonus	2	1.7

How would you rate your current compensation in relation to your . . .

	N	%
Excellent	1	0.8
More than adequate	3	2.5
Fair/adequate & more than adequate	1	0.8
Fair/adequate	22	18.3
Fair/adequate & somewhat inadequate	4	3.3
Somewhat inadequate	58	48.3
Somewhat inadequate & very inadequate	2	1.7
Very inadequate	29	24.2

Are you salaried or hourly?

	N	%
Hourly	40	33.3
Salaried	80	66.7

What do you believe would most improve your job satisfaction as an EMARC Coordinator?

Theme	Illustrative Quotes
Pay/Salary Increase/Compensation/Bonus/ Benefits/PTO	*Higher pay than what my interns make.* *Financial recognition for the extra work I do.* *Competitive/appropriate salary compensation for the role we have - leadership/management. We're like the business administrators, but they make double.* *Raise and acknowledgement of hard work.* *Being compensated for the job we actually do.* *More $ per hour as EM is very demanding and a 24/7 specialty. Compensating our admin team is just as important as compensating our providers but it is not prioritized.* *Increased wages that are fair across the board that take into account our years of experience, education and TAGME certification.* *There should not be a limit on salary especially for coordinators who have over 10 plus years.* *More pay for the work I put into this position.* *Appropriate pay for the level and amount of work that we do.*

	More vacation time if a pay raise isn't an option, more support for using vacation time. *Increased salary or opportunity for bonus.*
Respect	*Being respected and being seen as a team member of the residency leadership rather than the help.* *Respect from learners.* *Additional compensation for above and beyond work in addition to reduction of stigma of the position in the culture of medicine as it's viewed as a secretary to some physicians and not as respected as it should be, thus changing the way that we are compensated because HR professionals alike have no idea what the position entails at each institution, especially in EM.* *Respecting the importance of our role would make a world of difference.*
Recognized for Experience, TAGME Certification	*Treated fairly for years of experience versus someone with a college degree and no experience. They are getting hired in at a higher rate but know nothing about the job! It is so frustrating.* *Increased wages that are fair across the board that take into account our years of experience, education and TAGME certification.* *A pay increase would substantially improve my work satisfaction especially having a masters degree and testing for my TAGME cert this year.* *Recognition from PDs.*
Appreciation, Acknowledgement	*More appreciation from the residents.* *Just to be recognized for the work we do. [We are] treated like we are secretaries. We aren't recognized on admin days or anything. Only residents and physicians get free coffee or swag.* *Acknowledgment of your contributions during accreditation cycles or successful site visits. Celebrations of milestones or achievements within the program.* *Feeling seen and appreciated for efforts (GME Appreciation Day)* *Recognition as part of the program partnership and support at that level.* *Some appreciation for the work that I do, even at times not in the office.*

Improved Workload, Extra Work Limited, Extra Work Needed	*An assistant or give some duties to others.* *Changes in FTE for coordinator positions. We often do many additional jobs that are invaluable to our residency but that far exceed our job descriptions that are necessary.* *Being able to complete all of the tasks expected, so probably a reduced workload by less BS tasks.* *Especially [additional compensation] for all the non-program coordinator tasks I complete for faculty, staff and residents.* *Not having to oversee pre-med observers and medical students as well as man the office and run the EM residency.*
Treated As Part of Leadership Team, Opportunities to Collaborate with Team	*Being respected and being seen as a team member of the residency leadership rather than the help.* *Being treated as a part of the leadership team.* *Being seen as a member of the leadership team in all aspects of the program not just when it comes to ACGME paperwork or when it's convenient. Getting away from the stigma that coordinators are just secretaries for their programs.* *Recognition as part of the program partnership and support at that level.* *More say in medical education decisions.*
Need an Assistant, FTE Increase	*[Need] an assistant or to give some duties to others.* *More support staff to help us run all our programs.* *Additional administrative assistance.* *More admin support.* *The coordinators FTE needs to be adjusted and higher FTEs are needed for supporting the residents, faculty, program and any other tasks that because you can do it, is added to your long list of tasks.* *Additional coordinator support back to where it was if not even higher given the current dynamics in which we work more support is needed in order to better run a program.* *FTE increase.*

Annual Conference Attendance, Professional Development Opportunities, Networking Opportunities	*Yearly conference [attendance]. Adequate training and professional development opportunities.* *I think more networking throughout the year not just at CORD.* *More training [opportunities].* *Having the resources to grow and receive the TAGME certification with extra compensation.* *Program coordinator meetings to meet others.* *Department needs to send staff to conferences consistently to further their information.*
Title Change to Match Job	*Promotion and pay increase.* *A title and compensation that aligns with the job that we are expected to do would be nice but honestly I gave up on that a long time ago.*
Better Leadership in Department, Program or Institution	*Better leadership in our department.* *Better communication among leadership.* *Less gaslighting regarding receiving better pay; condemn Immature / mean girl behaviors amongst the APDs towards the residents; have consequences for our CAO who raises her voice at staff and we have to walk on eggshells depending on her mood.* *Better organization in the department.* *Understanding from administration.* *More encouragement to push GME to listen and support us.*
Flexible Work Structure or Schedule/Remote Work	*Flexible schedule.* *Continued hybrid/flexible work.* *Flexibility to work from home.* *More opportunity for remote work.* *Having a flexible work schedule with ability to work from home has helped with job satisfaction when salary is not where I want it to be.* *Allowing remote work or a four-day work week.*

Stronger Employment Protections	*Unfortunately, I do not believe there is anything EMARC can do about this, my institution does not care. Our GME office has been fighting for us and they do not care. I am union and our union only fights for nurses.* *Consistent residency admin. structures across the U.S.; stronger employment protections for residency coordinators as a whole.*

What variables are associated with higher salary?

Variables that are not significantly associated with salary in univariate analysis:
TAGME certification
Education level
Years in GME
Years in EM GME
Type of institution
Number of fellowships

Variables that were associated with salary in univariate analysis:
Region, $p = 0.032$
Number of residents, $p = 0.011$
Also managing fellowships, $p = .042$
Hourly vs. salaried model, $p = 0.002$

In multivariate logistic regression modeling, predictors of higher salary (>/= $75K):
Number of residents, $p = 0.021$
B = 0.049, SE = 0.015, Wald = 10.766, df = 1, $p = 0.001$; Exp(B) = 1.050, 95% CI: 1.020-1.081
All other variables did not predict higher salary in multivariate modeling.