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Forum for United Leaders in Graduate Medical Education (FULGME)™

Educational Journal: Scholarly Exchange Platform

A SCHOLARLY EXCHANGE PLATFORM FOR GME PROFESSIONALS TO SHARE GME PERSPECTIVES, BEST PRACTICES, AND INNOVATIVE IDEAS.

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A Message from The Board

Welcome to the inaugural edition of the Forum for United Leaders in Graduate Medical Education (FULGME). This platform is designed to foster a collaborative and innovative environment for graduate medical education professionals.

In this edition, you can look forward to:

- **Scholarly Exchanges:** Contributions that add to the body of knowledge in graduate medical education, offering fresh perspectives and insights.
- **Showcasing Best Practices:** Highlighting exemplary practices in graduate medical education, providing benchmarks for excellence and inspiring continuous improvement.
- **Innovative Ideas and Strategies:** Sharing transformative ideas and strategies that can revolutionize graduate medical education and enhance outcomes for both educators and learners.
- **Process Improvement Strategies:** Presenting methods to enhance efficiency and effectiveness in graduate medical education, ensuring programs run smoothly and meet high standards.
- **Building a Supportive Community:** Creating a network of graduate medical education professionals who learn from each other, collaborate on initiatives, and support each other's growth and development.

We are excited to introduce several key features and initiatives in this edition:

- **Featured Submissions:** Selected articles will be published on our website, showcasing the best contributions from our community.
- **Poster Creation Option:** Authors of selected submissions will have the opportunity to create a poster to further showcase their work.
- **GME Resources with Links:** A curated collection of tools, templates, and resources with direct links to support your work in graduate medical education.
- **Upcoming Educational Activities:** Information on upcoming educational activities that impact GME roles, helping you stay informed and engaged with the latest developments.

We believe that by sharing our collective wisdom and experiences, we can make a significant impact on the future of graduate medical education. Our goal is to create a dynamic and inclusive platform where every voice is heard, and every contribution is valued.

Thank you for joining us on this journey. We look forward to your active participation and to the many exciting discussions and collaborations that lie ahead.

In every issue of our newsletter, we will share inspiring quotes, please feel free to send us a quote that has had a positive impact on you!
"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."
Maya Angelou

Selected by: Barbara Gohre, President/Founder-FULGME

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Article 1: Process Improvement: Managing Dual-Track Systems: A Program Integration Roadmap (PIR) for ACGME and non-ACGME Programs and Institutions

Article Type: Process Improvement

First Author, Second Author

Amy Bailey, MBA[1], Barbara Gohre, BSHA, CHPM, CLSSBB[2]

Affiliation

Phoenix Children's[1], Phoenix, Children's[2], FULGME[2]

***Abstract*— Challenges persist in merging ACGME and non-ACGME or non-standard training programs within GME institutions due to differing program characteristics, such as work hour monitoring, supervision, salary structure, and career advancement opportunities, along with accreditation requirements and timelines. Some non-standard training programs may also face restrictive covenants, prohibiting trainees from using the skills, knowledge, and possibly patients they gained during the program in the same geographical area to directly compete against the program or institution that trained them. In institutions where ACGME and non-ACGME programs co-exist, these fundamental differences can be challenging to navigate. Program leaders and administrators may have to apply different standards to each type of program, and trainees may notice inequity if training under different guidelines than their peers within the same institution. Ultimately, programs that operate in silos, rather than cohesively, have the potential to undermine the strength of the GME enterprise. Integration of ACGME and non-ACGME program operations within a single sponsoring institution has great benefits for GME, program leaders, administrators, and trainees. However, current models for seamless integration are lacking. Our goal is to present an adaptable "Program Integration Roadmap" (PIR) that promotes consistency and synergy between both program types, fostering a richer learning environment and enhanced trainee development, while retaining the unique qualities of each.**

Introduction

Graduate Medical Education (GME) institutions often face the challenge of managing both ACGME-accredited and non-ACGME or non-standard training programs. These programs differ significantly in terms of work hour monitoring, supervision, salary structure, career advancement opportunities, and accreditation requirements. The coexistence of these programs within a single institution can lead to disparities and inefficiencies, potentially undermining the overall strength of the GME enterprise. This manuscript aims to address these challenges by introducing a Program Integration Roadmap (PIR) designed to harmonize the management of ACGME and non-ACGME programs, fostering a cohesive and equitable training environment

Methods

To develop the Program Integration Roadmap (PIR), we conducted a comprehensive review of existing literature on GME program management and integration on strategies. Additionally, we surveyed program leaders and administrators from various institutions to gather insights on the challenges and best practices in managing dual-track systems. The PIR was then designed to address the identified gaps and promote a cohesive integration of ACGME and non-ACGME programs.

Results

The implementation of the PIR in several pilot institutions has shown promising results. Program leaders reported improved communication and collaboration between ACGME and non-ACGME programs, leading to a more cohesive training environment.

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Trainees expressed greater satisfaction with the equity and consistency in their training experiences. Additionally, the integrated approach has enhanced the overall quality of GME by fostering a culture of continuous improvement and innovation.

Discussion

The integration of ACGME and non-ACGME programs within a single institution presents significant challenges but also offers substantial benefits. The PIR provides a structured approach to address these challenges and promote a unified GME experience. By standardizing policies, integrating curricula, fostering collaborative leadership, and promoting equity, the PIR enhances the quality of medical education and supports the professional development of all trainees.

Conclusion

The Program Integration Roadmap (PIR) offers a viable solution to the challenges of managing dual-track systems in GME institutions. By promoting consistency and synergy between ACGME and non-ACGME programs, the PIR fosters a richer learning environment and enhanced trainee development. The successful implementation of the PIR in pilot institutions demonstrates its potential to improve the overall quality of GME and support the professional growth of program leaders, administrators, and trainees.

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1. Accreditation Council for Graduate Medical Education. (n.d.). Non-standard training (NST) recognition. Retrieved June 26, 2023, from ACGME
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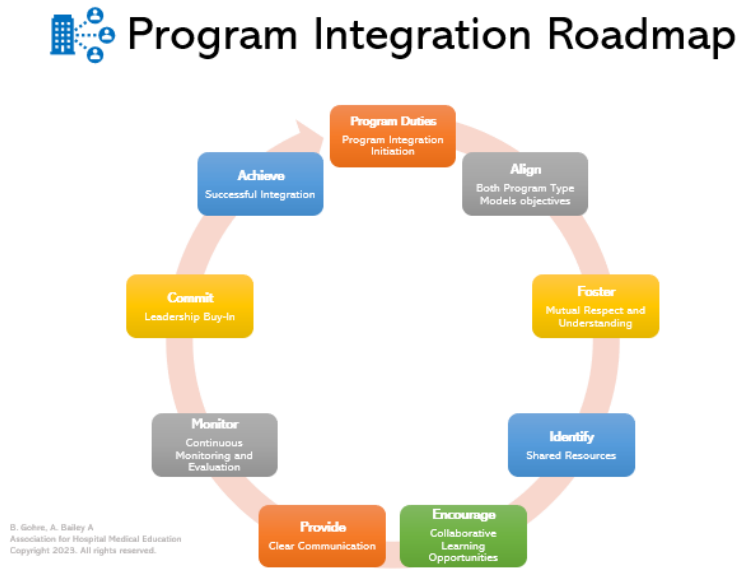
Link to Full Article

https://www.fulgme.org/post/managing-dual-track-systems-a-program-integration-roadmap-pir-for-acgme-and-non-acgme-programs

Images



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Article 2: The Crucial Role of GME Program Coordinators in Shaping the Physician Workforce

Article Type: Perspective

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Affiliation

Thalamus

Graduate Medical Education (GME) program coordinators hold a pivotal role in understanding the historical context, current landscape, and future prospects of the physician workforce. As central figures in the residency and fellowship processes, they shape the trajectory of future healthcare providers. A comprehensive understanding of GME's evolution—such as that chronicled in Let Me Heal by Kenneth Ludmerer—combined with insights into current physician workforce trends, equips coordinators to contribute meaningfully to the success of residency programs and the broader healthcare system.

In *Let Me Heal*, Ludmerer describes the origins of residency training and the transitions that have defined modern GME.[1] Knowledge of this history allows program coordinators to appreciate the foundational principles of residency education and recognize how past challenges continue to shape present-day practices. As GME programs adjust to new expectations, such as the shift toward competency-based training and enhanced diversity in recruitment, program coordinators are uniquely positioned to lead these efforts with a well-informed perspective on the system's past and future trajectory. My passion for inclusivity and the vital role of GME coordinators is long-standing; nine years ago, I authored a response to a JGME article discussing this very book, further underscoring my commitment to this topic.[2]

Today, the physician workforce faces significant challenges, including a growing physician shortage, evolving specialty needs, and the emergence of virtual recruitment practices. GME coordinators who remain informed about these trends are better equipped to support strategic recruitment and retention initiatives. For example, understanding the mismatch between physician supply and demand can empower coordinators to advocate for expanded training positions in specialties facing critical workforce hortages.[3] Additionally, familiarity with initiatives like holistic review and advanced tools such as Thalamus Cortex can optimize the recruitment process, ensuring that programs attract a diverse and well-qualified pool of applicants.

Looking ahead, GME program coordinators will be integral to developing a sustainable physician pipeline as healthcare systems navigate an evolving landscape. They are ideally positioned to integrate workforce data into GME planning and prepare residents for the dynamic nature of modern healthcare. Through shaping recruitment strategies, aligning training with healthcare demands, and advocating for systemic improvements, coordinators who understand the past, present, and future of GME and the physician workforce can leave a lasting impact on the profession.

In summary, it is crucial for GME coordinators to grasp the historical framework of residency training alongside the current and anticipated needs of the physician workforce. This knowledge empowers them to fulfill their roles with insight, vision, and purpose, ultimately strengthening the healthcare system.

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[1] Ludmerer KM. Let Me Heal: The Opportunity to Preserve Excellence in American Medicine. Oxford University Press; 2015.
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[3] Association of American Medical Colleges. The Complexities of Physician Supply and Demand: Projections From 2019 to 2034. Washington, DC: AAMC; 2021

Link to Full Article

https://acrobat.adobe.com/id/urn:aaid:sc:US:353c0f17-c869-47c4-afe8-debad183c62a

Article 3: Standardizing and Enhancing the Tracking of Continuing Medical Education (CME) within Graduate Medical Education (GME) Programs: A comprehensive Analysis

Article Type: Process Improvement

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***Abstract*— Continuing Medical Education (CME) is a fundamental component in the ongoing professional development of physicians and allied healthcare professionals, ensuring that they maintain and update their knowledge, competencies, and skills to provide the highest quality of care to their patients (1). Within the context of Graduate Medical Education (GME) programs, CME activities are essential in supporting the education and training of medical residents and fellows as they transition into independent practitioners (2). Despite the crucial role CME plays in GME, there are persistent challenges related to effectively tracking, documenting, and verifying the completion of CME activities for trainees enrolled in residency and fellowship programs. The absence of a standardized and efficient system for monitoring CME participation can lead to difficulties in assessing trainees' progress, identifying learning gaps, and ensuring that educational requirements are met. This study aims to critically analyze the current state of CME tracking and documentation within GME programs, delving into the complexities and challenges faced by program directors, educators, and trainees alike. Furthermore, the study seeks to identify potential strategies and best practices for standardizing and enhancing the CME tracking process to create a more consistent and reliable system for monitoring the educational progress of medical trainees. Through a comprehensive review of existing literature, case studies, and real-world experiences, this study will explore various methods for improving CME tracking, including the implementation of digital platforms, the use of centralized databases, and the integration of needs assessments to guide the selection of CME activities. By examining the strengths and weaknesses of different approaches, the study aims to provide valuable insights and recommendations for optimizing the management of CME within GME programs, ultimately contributing to the betterment of medical education and patient care.**

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Introduction

Continuing Medical Education (CME) is pivotal in the lifelong learning journey of physicians and allied healthcare professionals, ensuring they remain at the forefront of medical advancements and deliver exemplary patient care. Within Graduate Medical Education (GME) programs, CME is indispensable in shaping the competencies of medical residents and fellows as they evolve into proficient, independent practitioners. However, the effective tracking, documentation, and verification of CME activities present ongoing challenges. The lack of a standardized, efficient system for monitoring CME participation complicates the assessment of trainees' progress, identification of learning gaps, and fulfillment of educational requirements. This study critically examines the current landscape of CME tracking within GME programs, addressing the hurdles faced by program directors, educators, and trainees. It also explores potential strategies and best practices for standardizing and enhancing CME tracking processes, aiming to establish a more reliable system for monitoring medical trainees' educational progress.

Through an extensive review of literature, case studies, and practical experiences, this study seeks to offer valuable insights and recommendations for optimizing CME management in GME programs, ultimately advancing medical education and patient care. descriptive studies. This rich variety of sources allowed for a balanced and in-depth examination of the topic. Additionally, both qualitative and quantitative research methods were considered in the analysis, providing a well-rounded understanding of the challenges and opportunities associated with CME tracking and standardization in GME.

To enhance the rigor of the systematic review, the identified studies were screened for relevance and quality using predefined inclusion and exclusion criteria. The selected articles were then critically appraised and synthesized to identify key themes, trends, and recommendations related to the tracking, standardization, and improvement of CME in GME programs. This comprehensive and methodical approach ensured a robust and meaningful analysis, providing valuable insights for enhancing CME

Methods

A comprehensive systematic literature review was performed using PubMed, Embase, and Scopus databases to explore the subject matter thoroughly. The search strategy employed keywords and phrases including "Continuing Medical Education," "Graduate Medical Education," "Tracking," "Standardization," and "Improvement" to identify relevant articles and studies pertaining to the topic. To ensure a contemporary perspective, the search was limited to studies published between 2015 and 2022.

The search yielded a diverse range of research approaches, encompassing commentary/opinion articles, conference reports, literature reviews, and

Results

The systematic literature review unveiled several key findings related to the current state of CME tracking within GME programs. A prevailing issue is the fragmentation, inconsistency, and susceptibility to errors in the existing tracking systems (3). Traditional tracking methods, which often rely on manual data entry and documentation, are not only time consuming but also prone to inaccuracies (4). Furthermore, CME tracking in some cases is managed separately from GME programs, which complicates the process of accessing and verifying the completion of CME activities for trainees (5).

Several studies advocate for the implementation of digital tracking systems that are directly linked to GME programs as a solution to these challenges (3,4). By automating the tracking process, such systems can increase efficiency, reduce the risk of errors, and provide real-time data on trainees' progress in completing their CME requirements. This, in turn, enables program directors to monitor and verify CME activity completion, ensuring that educational objectives are met (5) more effectively. In addition to improving tracking systems, the literature review underscored the significance of tailoring CME activities to the specific needs of medical trainees in residency or fellowship programs (6). Incorporating needs assessments into the planning and implementation of CME activities is crucial for identifying knowledge gaps, areas

tracking in GME.
activities are relevant, engaging, and effective in enhancing the overall educational experience of medical trainees.

In summary, the systematic literature review highlighted the need to address the challenges associated with CME tracking in GME programs by adopting digital tracking solutions and incorporating needs assessments into CME planning
and implementation. These findings provide a valuable foundation for further exploration and development of strategies
to optimize CME in GME.

requiring improvement, and aligning educational content with the clinical practice of residents and fellows. This targeted approach ensures that CME assessment process into CME planning and implementation, are pivotal steps towards elevating the quality of Graduate Medical Education.

These advancements will not only benefit physicians in training but also contribute to better patient outcomes and the overall progression of healthcare.

Conclusion

Continuing Medical Education (CME) is an indispensable component of Graduate Medical Education (GME), ensuring that physicians in training develop the necessary knowledge and skills to deliver high-quality patient care (7). Precise tracking and documentation of CME activities are essential for evaluating and monitoring the progress of medical trainees. However, the current CME tracking system within GME faces challenges, including fragmentation and errors, which can negatively impact the knowledge base of physicians and the standard of care they provide.
To address these issues, implementing a digital tracking system connected to GME programs is recommended.

This approach streamlines the tracking process, reduces errors, and enhances program directors' ability to effectively
oversee progress and confirm the completion of CME activities. By innovating CME tracking, the educational experience for trainees can be optimized, ultimately leading to improved patient care.
Moreover, it is vital to integrate a needs assessment (appendix A) process into CME planning and implementation to ensure that CME activities align with the clinical practice of residents and fellows.

This approach identifies specific knowledge gaps and learning requirements for trainees, allowing CME programs to be tailored and enhance the overall effectiveness of the educational experience.
In conclusion, improving and modernizing the CME tracking system, along with incorporating a needs assessment
process into CME planning and implementation, are pivotal steps towards elevating the quality of Graduate Medical
Education. These advancements will not only benefit physicians in training but also contribute to better patient
outcomes and the overall progression of healthcare.

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3. Brown, K. L., & Collins, T. M (2015). Streamlining continuing medical education tracking in graduate medical education. Journal of Graduate Medical Education, 7(1), 13-17.
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(References continued in linked article)

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Images

Table 1

Author(s)	Year	Study Design	Sample Size	GME Program(s) involved	Key Findings
Wruhs M, Lenart C, Moser R, Klein G.	2022	Conference report	N/A (not applicable as this is not a research study)N/A	N/A (not applicable as this is not a research study)	This article reports on a Continuing Medical Education (CME) conference held at the Regional Dermatology Training Center in Tanzania. No specific findings are detailed as it is a conference report.
Pérez Calvo JI, Casademont I Pou J.	2022	Commentary/Opinion article	N/A (not applicable as this is not a research study)N/A	N/A (not applicable as this is not a research study)	The article discusses the role of continuing medical education (CME) as an opportunity for continuous improvement in medical practice and the importance of addressing the specific needs of healthcare professionals.
Balari P, Zhao J, Inniss B, MacLeod B, Taenzer P, Carlin L, Furlan A.	2022	Program evaluations and chart review	N/A (not applicable as this is not a research study)N/A	Various GME programs	The study used chart reviews to evaluate the impact of a continuing medical education (CME) program on clinical practice. The evaluation showed improvements in documentation, guideline adherence, and patient outcomes, suggesting that the CME program was effective in enhancing physicians' practice.
McAdams CD, McNally MM.	2021	Review	N/A (not applicable as this is not a research study)N/A	N/A (not applicable as this is not a research study)	This article highlights the importance of CME for maintaining and improving clinical knowledge, competence, and performance and discusses various approaches to CME and lifelong learning, including online resources, simulation, and self-directed learning.
Weiss, K. B., and Wagner, R	2018	Commentary/Opinion article	N/A (not applicable as this is not a research study)N/A	N/A (not applicable as this is not a research study)	The article highlights the emerging connections between graduate medical education (GME) and continuing medical education (CME), emphasizing the importance of better alignment and collaboration between the two domains.
Lockyer, J., & Ward, R.	2018	Literature Review	N/A (not applicable as this is not a research study)N/A	N/A (not applicable as this is not a research study)	The literature review emphasizes the importance of understanding needs assessments in continuing medical education (CME) and highlights various methods and approaches for conducting such assessments.
Al Achkar, M., Bennett, I. M.,	2017	Descriptive study	N/A (not applicable	Various GME programs	The study proposes the development of a national,

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Article 4: Best Practices for the DME: Strategic Leadership, Empowering Teams, and Driving GME Success

Article Type: Best Practices

First Author, Second Author

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The University of Texas at Tyler Health Science Center

***Abstract*— The role of the Director of Medical Education (DME) is fundamental to the success of Graduate Medical Education (GME) programs. DMEs hold responsibility not only for ensuring compliance with accreditation standards but also for cultivating a culture that promotes professional development, collaboration, and operational excellence. Central to this is the DME's ability to engage with executive leadership, including the Designated Institutional Official (DIO), the C-Suite, and program leadership, to build trust and exercise responsible stewardship of resources.**

This article outlines key best practices for DMEs to strengthen partnerships with academic leadership and the C-Suite, empower GME staff, and enhance the overall operational performance of GME programs. It delves into the importance of transparent and collaborative relationships between DMEs and DIOs, highlighting the need for consistent administrative support and proactive communication. The article also emphasizes the critical role of DMEs in budget management, advocating for necessary resources while aligning with institutional priorities. Furthermore, it explores strategies for empowering GME staff through professional development and wellness initiatives, ensuring a motivated and resilient team. Lastly, the article discusses the significance of empathetic leadership, demonstrating how DMEs can lead by example to foster a supportive and high-performing educational environment.

Introduction

The Director of Medical Education (DME) is crucial to the success of Graduate Medical Education (GME) programs. Beyond ensuring compliance with accreditation standards, DMEs foster a culture of professional development, collaboration, and operational excellence. Engaging with executive leadership, including the Designated Institutional Official (DIO) and the C-Suite, is essential for building trust and managing resources effectively.

This article outlines best practices for DMEs to strengthen partnerships with academic leadership and the C-Suite, empower GME staff, and enhance operational performance. Key areas include:

Transparent and Collaborative Relationships: Emphasizing the importance of consistent administrative

Budget Management: Advocating for necessary resources while aligning with institutional priorities.

Empowering GME Staff: Implementing professional development and wellness initiatives to ensure a motivated and resilient team.

Empathetic Leadership: Leading by example to foster a supportive and high-performing educational environment.

By following these practices, DMEs can navigate their complex roles and drive the success of GME programs.

Methods

To identify and outline best practices for Directors of Medical Education (DMEs), we conducted a comprehensive review of existing literature on GME program management and integration strategies. institutions to gather insight on the challenges and effective practices in managing GME programs. The informal data collected was analyzed to develop this framework for best practices as it pertains to addressing key areas such as strengthening DME-DIO relationships, empowering GME staff, and leading by example.

Results

support and proactive communication between DMEs and DIOs. Additionally, informally surveyed program leaders as well as program administrators from various

Key findings include:

Strengthening DME-DIO Relationships:
Trust and Collaboration: DMEs reported improved trust and collaboration with DIOs, leading to more effective advocacy for GME resources.

Administrative Support: DIOs felt better supported by DMEs, with consistent and clear communication enhancing decision-making processes.

Responsible Budget Stewardship:
Budget Alignment: Institutions successfully aligned GME budgets with institutional priorities, resulting in more efficient use of resources.

Resource Advocacy: DMEs effectively advocated for necessary investments, securing funding for advanced educational technology and faculty development.

Empowering GME Staff:
Professional Development: GME staff participated in continued education and certification programs, leading to increased job satisfaction and performance.

Wellness Initiatives: Institutions implemented wellness programs, with staff reporting reduced burnout and improved well-being.

Transparent Decision-Making: Staff felt more valued and motivated when DMEs demonstrated transparent decision-making and provided constructive feedback.

Leading by Example:
Empathetic Leadership: DMEs who practiced empathetic leadership saw higher levels of staff engagement and program success.

The implementation of the identified best practices in several pilot institutions yielded positive outcomes.

Conclusion

The role of the Director of Medical Education (DME) is critical to the success of Graduate Medical Education (GME) programs. By fostering strong partnerships with the Designated Institutional Official (DIO) and the C-Suite, DMEs can ensure that GME programs are aligned with institutional goals and priorities. This alignment is essential for securing the necessary resources and support to sustain and enhance GME programs.

The successful implementation of these best practices in pilot institutions underscores their potential to improve the overall quality and sustainability of GME programs. These strategies not only enhance the operational performance of GME programs but also contribute to the professional development and well-being of staff and residents. By leveraging comprehensive organizational insight and strategic leadership, DMEs can create a resilient and thriving GME environment that benefits residents, staff, and the institution alike.

The DME's role is multifaceted and requires a balance of strategic vision, operational expertise, and compassionate leadership. By fostering strong partnerships, managing resources responsibly, empowering staff, and leading with empathy, DMEs can drive the success of GME programs and contribute to the advancement of medical education. The insights and practices outlined in this article provide a roadmap for DMEs to navigate their complex roles and achieve excellence in GME.

Link to Full Article

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Call to Action

Join the Conversation in Graduate Medical Education

We invite you to contribute to the ongoing dialogue in the field of Graduate Medical Education. Your insights, experiences, and research can help shape the future of GME and make a meaningful impact on our community.

Whether you have an innovative idea, a success story, a research study, or a perspective on a current issue in GME, we want to hear from you. By sharing your work, you can inspire others, spark new ideas, and contribute to the advancement of GME.

Submission Guidelines:

- Submissions can be in the form of articles, case studies, research papers, or opinion pieces. (Up to 500 words)
- All submissions should be original and may be published elsewhere.
- Please ensure your submission aligns with the values and goals of our GME community.

To submit your work, please go to our website; www.fulgme.org

We look forward to your contribution!

GME Professional Resources

1. **ACGME Program Coordinator Handbook**: This handbook serves as a guide for both new and experienced program coordinators seeking to expand their knowledge of specific topics, tasks, and responsibilities associated with their role.
2. **How to Write an Abstract**: This guide provides steps and examples on how to write an abstract for a thesis, dissertation, or research paper using the IMRaD structure.
3. **GME Insights by Natasha Brocks:** Natasha Brocks is a highly accomplished GME professional within our GME community and a local and national speaker. She has founded a newsletter, “GMEAdmin Insights,” on LinkedIn, aimed at inspiring and informing everyone in GME to learn and grow continuously. ***(Disclosure Ms. Brocks is currently serving as associate editor for FULGME)***

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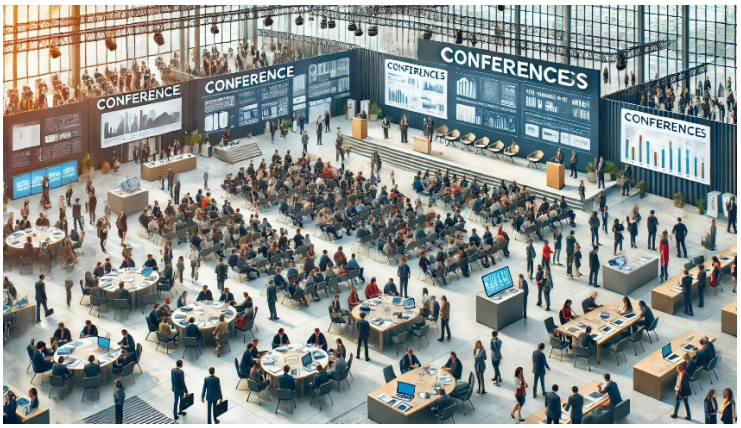
Upcoming Graduate Medical Education Conferences

1. **ACGME Annual Educational Conference**: The 2025 ACGME Annual Educational Conference will take place from February 20-22, 2025, at the Gaylord Opryland Resort & Convention Center in Nashville, Tennessee.
2. **AHME - Association for Hospital Medical Education Upcoming Events** - 2025 AHME Institute, Marriott Harbor Beach Resort, Ft. Lauderdale, Florida, April 30 - May 2, 2025 Registration Opens November 1, 2024!



Conferences are a great way to showcase your knowledge, innovation, and dedication to the GME community, we We look forward to connecting with you at many of our upcoming national and regional conferences!

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We would like to extend our gratitude to all contributors to this issue. Your insights and expertise greatly enrich our community