AUGUST 2026

ISSUE 3

FULGME

Forum for United Leaders in Graduate Medical Education ™

Inside this Issue

"If they don't give you a seat at the table, bring a folding chair."

Shirley Chisholm

ISSUE INFORMATION

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A Message from the Board

Welcome to the third edition of the FULGME Journal!

Graduate medical education is built by two communities. One holds the clinical expertise, the faculty appointments, and the medical degrees. The other holds the institutional memory, the compliance infrastructure, and the operational continuity that allows programs to function. For decades, that second community often worked behind the scenes without a formal scholarly voice or professional home. FULGME exists to change that.

This issue continues that mission.

The articles featured in this issue highlight the innovation, scholarship, leadership, and resilience of GME professionals across diverse settings. From coordinator well-being initiatives and leadership research to military GME and professional networking, each contribution reflects the growing impact of administrative professionals in advancing graduate medical education through research, collaboration, and service.

We are especially honored to feature our newest Board member, Crys S. Curkendoll-Draconi, PMP, AA, in a special section. Her perspective traces the evolution of the GME Coordinator role from the pre-competency era to today. As a member of the Coordinator Description Task Force, she helped transform years of advocacy into lasting recognition within the ACGME Common Program Requirements, leaving a legacy that continues to shape the profession.

FULGME is a peer-reviewed, open-access journal dedicated to advancing scholarship, innovation, and professional development within graduate medical education administration. We publish research, innovation, perspectives, brief reports, and reviews, with submissions accepted year-round.

Together, we are helping shape the future of graduate medical education.

Reach us at info@fulgme.org.

We invite you to join us in advancing the future of graduate medical education administration.

AUGUST 2026

FULGME

BRIEF REPORT

A1

Program Coordinator Well-Being Initiative: A Year in Review

Author(s): Brant Weindorf
Affiliation: University of South Alabama

ABSTRACT

Program coordinators are essential to the success of graduate medical education programs, yet their well-being is often overlooked. In response to survey findings that identified concerns related to workplace resources, isolation, and overall well-being, a coordinator-led wellness initiative was implemented through the Program Coordinators Advocating for Wellness (PCAW) committee. After one year, participants reported improvements in workplace engagement, sense of community, and overall well-being. These findings suggest that low-cost, coordinator-focused wellness initiatives can positively impact job satisfaction and professional connectedness.

Background

At one institution, coordinators reported a palpable sense of isolation and burnout driving high turnover. Initial survey data confirmed the problem: 56.2% lacked sufficient resources; 31.3% reported burnout. One coordinator noted a need for 'more communication and social connection.'

Methods

Coordinators were surveyed in early 2024 and again in early 2025. The PCAW committee organized six events between March and November 2024 at no cost: two after-hours dinners, two potluck lunches, a private yoga session, and a campus farmer's market trip. Food events and yoga reported highest attendance. Analysis used descriptive and comparative statistics.

Results

- Looking forward to work: 43.8% to 75.0% (+31.2 pts)
- Feeling isolated: 50.0% to 37.5% (decreased)
- Overall well-being: 50.0% to 87.5% (+37.5 pts)
- Job satisfaction: increased 18%
- 100% said PCAW improved community, well-being, and work-life balance

Conclusion

Coordinator-focused wellness initiatives can positively impact well-being, workplace engagement, and professional connectedness. The success of PCAW shows that meaningful wellness programming can be implemented with minimal financial investment while building a stronger sense of community among program coordinators. Further evaluation at future milestones will help determine the long-term sustainability and impact of these initiatives.

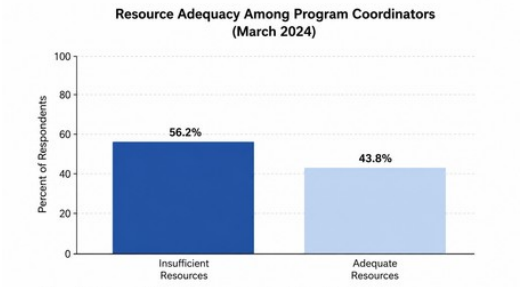
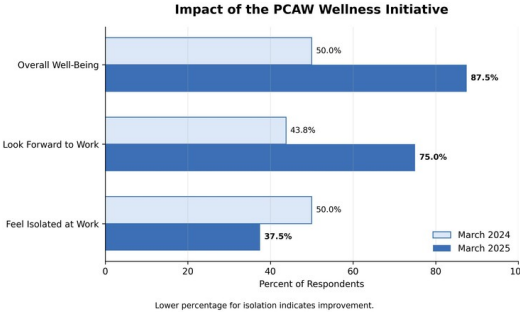


Figure 1. Resource Adequacy Among Program Coordinators (March 2024). Percentage of program coordinators who reported that they did not have enough resources to be successful in their role.



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PERSPECTIVE

A2

Centering the Role of the GME Director in Institutional Success

Author(s): Lisa Payne[1], Donna Guidroz[2]
Affiliation: [1] UCLA • [2] Ochsner Health

ABSTRACT

Drawing on a 2025 national survey of 101 GME Directors and senior institutional leaders, this perspective documents the expanding responsibilities of GME Directors, authority gaps limiting their effectiveness, and the structural investments institutions must make to align authority with accountability. It calls for investment in GME Director authority, visibility, and development as equal partners in dyad leadership alongside physician leaders.

A Highly Qualified, Under-Empowered Workforce

72% of GME Directors hold a graduate or professional degree; 57% have worked in GME for more than a decade. Despite this, only 52% report having sufficient authority to fulfill their role. 36% answered 'somewhat' and 12% reported lacking meaningful authority entirely.

Responsibility Without Recognition

Nearly all GME Directors are accountable for ACGME compliance (98%), budget oversight (86%), institutional goal execution (82%), and program growth (74%). Yet 75% spend most of their time on operational logistics, while formal evaluations rarely reflect these contributions.

Over 90% report experiencing burnout at least occasionally, with 25% reporting frequent burnout and 7% constant burnout.

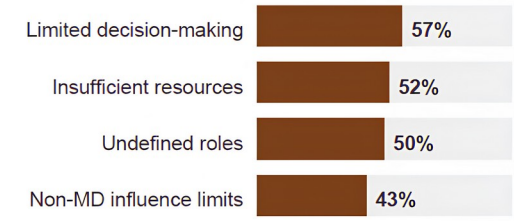
Beyond the Job Description

GME Directors routinely serve as supervisors of coordinator teams, interpreters of evolving ACGME standards, collaborators with HR, Legal, and Risk Management, institutional memory during leadership turnover, and first responders during crises. These functions are critical yet rarely codified.

Dyad Leadership in Practice

The strongest institutions pair physician leaders with experienced GME administrators as equals. Administrative leaders must have seats at strategic tables, with evaluations reflecting their full scope of contribution.

Barriers to Effectiveness (% of 101 Respondents)



Five Actions Institutions Must Take

- Clarify and standardize the GME Director role across titles and reporting lines.
- Include GME Directors in strategic decisions on workforce planning and growth.
- Align performance metrics with operational and leadership reality, not compliance alone.
- Invest in development: mentorship, TAGME certification, and leadership academies.
- Advance dyad partnerships with shared goals and co-led initiatives.

Call for Further Research

The 2025 GME Director Survey is an early effort to formally document the scope and challenges of GME administrative leadership. More data are needed on long-term program impact, burnout patterns, and best practices in dyad leadership.

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PERSPECTIVE

A3

Graduate Medical Education and the United States Military: Structure, Integration, and Comparative Perspectives

Author(s): Theraesa Jones-Cleveland, BSHM, C-TAGME
Affiliation: Colorado Technical University • Cleveland Clinic Foundation, GME Program Manager

ABSTRACT

This paper analyzes the relationship between GME and the U.S. military, examining the structure of military GME programs, their integration within military healthcare, and comparative features of military versus civilian residency pathways. Quantitative data, a case study, and practical recommendations for medical students, educators, and policymakers are incorporated.

Scale and Structure

The DoD oversees ACGME-accredited programs across Army, Navy, and Air Force medical centers. In 2024, approximately 2,600 physicians were trained annually. Admission typically flows through HPSP or USUHS. Trainees are commissioned officers with military service obligations.

Military vs. Civilian Programs

Both program types meet ACGME standards. Military programs add operational medicine, leadership development, and deployment preparation. Civilian programs offer larger patient volumes and broader subspecialties. Average civilian internal medicine programs train 30 to 50 residents annually; military 10 to 20.

Military Trainees in Civilian Programs

Approximately 15% of military GME trainees participated in civilian residencies in 2024. They remain commissioned officers balancing military obligations alongside civilian training demands. 90% of military-trained physicians report deployment readiness within six months of completing residency.

Recommendations: Medical Students

- Evaluate personal goals and readiness for service obligations before committing.
- Research specialty availability in both military and civilian pathways.
- Seek mentorship from current or former military physicians.

Recommendations: Educators

- Integrate operational medicine, leadership, and military ethics into curricula.
- Facilitate collaborative training between civilian and military institutions.

Figure 1. Comparison of Military and Civilian Graduate Medical Education (GME)

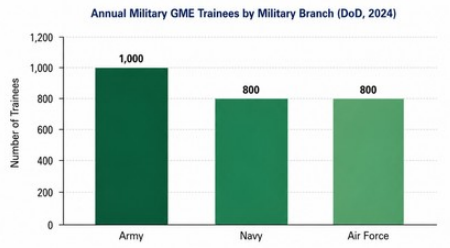

Table 1. Comparison of Military and Civilian Graduate Medical Education Programs

Feature	Military GME	Civilian GME
Annual Trainee Volume	Approximately 2,600 (DoD, 2024)	Varies by institution; often larger
Patient Population	Active-duty service members, families, and veterans	Diverse general population
Service Obligations	Military service and deployment readiness	No military service required
Leadership Training	Integrated and mandatory	Optional; less formalized
Post-Residency Commitment	Service obligation (4–7 years)	No post-residency obligation

Abbreviations: DoD = U.S. Department of Defense; GME = Graduate Medical Education.
Source: U.S. Department of Defense, 2024.

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AUGUST 2026

FULGME

BRIEF REPORT

A4

Building a Collaborative Network for GME Coordinators in Puerto Rico: A Social Media-Based Approach

Author(s): Cristina Morales, MBA, C-TAGME
Affiliation: Mayaguez Medical Center, Family Medicine Residency Program, Puerto Rico

ABSTRACT

GME coordinators in Puerto Rico lack structured opportunities for collaboration and professional development. This brief report describes the PR GME Coordinators and Administrators Facebook group, a social media-based initiative providing an accessible, low-cost, and scalable platform to address this gap.

Background

GME coordinators serve as the link between trainees, faculty, and institutional leadership. In Puerto Rico, no centralized platform existed for coordinator communication or professional development, contributing to variability in administrative practices and isolated professional growth.

Objectives

- Facilitate peer-to-peer discussions.
- Share educational resources and best practices.
- Promote professional development opportunities and events.
- Encourage collaboration across institutions.

Methods

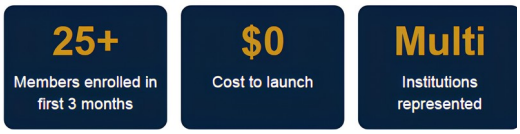
A Facebook group was independently created and administered. Platform selected for accessibility, user familiarity, and real-time communication capability. This shows that individual leadership can advance innovation in GME administration.

Results

- Over 25 members from multiple Puerto Rico institutions within three months.
- Active peer discussions and resource sharing across the group.
- Professional development events promoted to the membership.

Conclusion

Social media platforms can support meaningful professional engagement at minimal cost. This model is adaptable to other geographically or resource-limited settings. Future work includes workshops, webinars, and local conferences.



Why This Model Matters

Professional isolation drives burnout and turnover in GME administration. The PR GME Coordinators group addresses this at zero cost through a platform any coordinator team can replicate. It is both a regional solution and a scalable model for underserved GME communities worldwide.

Next Steps

- Develop structured workshops and webinars for Puerto Rico GME coordinators.
- Plan a local conference to advance professional development.
- Incorporate structured evaluation with participant feedback and engagement metrics.
- Explore expansion to other Spanish-speaking or geographically dispersed GME communities.

Scalability

Key replicable elements: zero startup cost, familiar platform, no institutional approval required, mobile-accessible, self-sustaining once engagement is established.

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NEW BOARD MEMBER • SPECIAL SECTION
Crys S. Curkendoll-Draconi, PMP, AA

PERSPECTIVE

A5

Perspectives: Look How Far We Have Come, a Lookback on the Evolution of the GME Coordinator Role

Author(s): Crys S. Curkendoll-Draconi, PMP, AA
Affiliation: Program Manager, ONMM Residency and Osteopathic Recognition • Cleveland Clinic South Pointe Hospital

ABSTRACT

This perspective traces the evolution of the GME coordinator role from the pre-competency era through the ACGME Outcome Project (2001), the Milestones and Next Accreditation System (2013), and Milestones 2.0 (2018). Drawing on personal experience in GME since 2008, the author documents the grassroots Coordinator Description Task Force and its lasting impact on ACGME Common Program Requirements.

Pre-Competency Era

Before 2001, coordinator roles were primarily administrative: scheduling, communication, and event planning. A strong coordinator was an asset, not a requirement. Administrators often remained in roles for decades.

Core Competencies (2001)

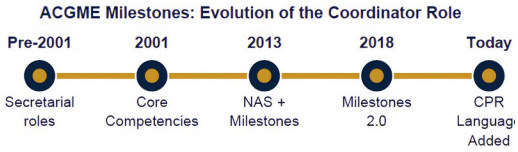
The ACGME Outcome Project established six core competencies, increasing coordinator responsibility for oversight and documentation. Coordinators needed greater independence but received little formal orientation. Frustration built as workloads grew without recognition.

Milestones and NAS (2013)

Milestones and the Next Accreditation System launched simultaneously. Annual cycles replaced periodic site visits. ADS replaced the PIF. The 10-year Self Study was established. Coordinators took ownership of data entry and continuous accreditation with no formal recognition of the expanded workload.

Milestones 2.0 (2018)

Writing groups broadened to include program directors, faculty, trainees, and coordinators. Implementation required years of adjustment. Coordinators took on deeper roles in assessment than at any prior point.



The Coordinator Description Task Force (CDTF)

The CDTF was a grassroots effort run entirely by GME coordinators with no sponsorship. Its goal: petition the ACGME to include coordinator language in the Common Program Requirements. The task force collected data, documented responsibilities, proposed new language, and gathered a community-wide petition. Language was added to the CPRs, including FTE guidelines by program size. Special recognition to Lisa Schritz, C-TAGME, for her instrumental role.

Where the Profession Stands Today

- Formal recognition of the coordinator role within ACGME program requirements.
- Expanded training, mentorship, and professional development pathways.
- Stronger professional community driving career trajectory and recognition.

Acknowledgements
Lisa Schritz, C-TAGME Instrumental to the CDTF
All CDTF members
Laura Edgar VP of Milestones, ACGME
Ruth Nawatiak, C-TAGME Personal mentor

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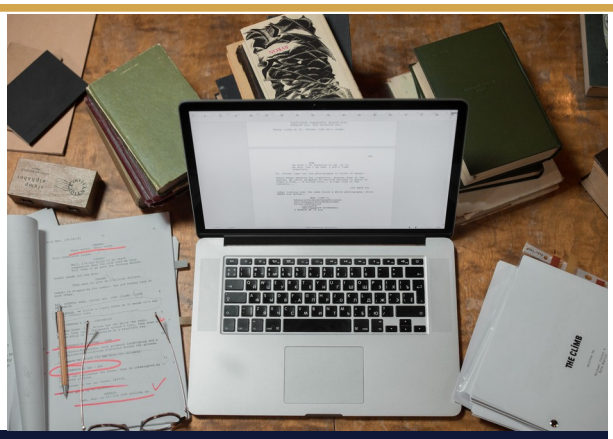

Share Your Voice

Help shape the **FUTURE of GME** by contributing your unique perspective and expertise. Whether you're implementing innovative solutions, ***celebrating*** program successes, conducting research, or addressing current challenges, your ***insights*** **contribute** to our **community**.

Your contributions can:

- **Inspire** innovative approaches in medical education
- **Share** best practices and lessons learned
- **Advance** GME through collaborative dialogue
- **Address** emerging challenges in the field

Join the conversation and make a lasting impact on the future of Graduate Medical Education.

GME Professional Resources

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.

LEARN at ACGME: Coordinator Resources and Learning Path: Free online learning modules for program coordinators, including the Coordinator Handbook Companion (24-module learning path), Coordinator Timelines, and AWARE well-being tools. Free account required.

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.

Journal of Graduate Medical Education (JGME): The peer-reviewed, open-access journal of the ACGME. Publishes original research, educational innovations, perspectives, brief reports, and commentaries relevant to residency and fellowship training. Free to all.

Upcoming GME Conferences

2027 ACGME Annual Educational Conference
February 25-27, 2027
Henry B. Gonzalez Convention Center, San Antonio, TX

2027 AHME Institute
May 12-14, 2027
Sheraton New Orleans, New Orleans, LA

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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.

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