

FULGME: A Scholarly Platform and GME Journal for Administrative Innovation in Graduate Medical Education

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Abstract

Graduate Medical Education (GME) requires continuous innovation to meet the evolving demands of healthcare, yet traditional journals such as the *Journal of Graduate Medical Education (JGME)* and the *Journal of the American Medical Association (JAMA)* often prioritize clinical research over administrative and process-oriented advancements critical to GME efficacy. This focus marginalizes the contributions of program administrators and non-clinical leaders who manage daily operations—like accreditation compliance and trainee support—leaving a gap in the dissemination of practical, actionable insights. The Forum for United Leaders in Graduate Medical Education (FULGME) addresses this disparity by offering a peer-reviewed platform tailored for GME professionals to share strategies and foster collaboration. This paper outlines FULGME's framework, objectives, and early outcomes, including a subscriber base of 200 and a well-received inaugural issue featuring contributions from diverse GME stakeholders. With 211 respondents to an initial needs assessment survey, FULGME demonstrates notable community interest and potential to enhance GME oversight and engagement, though broader impact requires further validation through expanded data collection and longitudinal studies.

Keywords

Graduate Medical Education, GME, FULGME, Administrative Innovation, Scholarly Exchange, Peer Collaboration, Process Improvement

1. Introduction

Graduate Medical Education (GME) serves as the critical bridge between medical

school and independent clinical practice, preparing physicians to address contemporary healthcare challenges. As healthcare systems evolve—driven by technological advancements, shifting care delivery models, and increasing regulatory oversight—GME must adapt to ensure trainees are equipped with the skills and resilience needed for modern practice (Accreditation Council for Graduate Medical Education (ACGME), 2023). This adaptability relies heavily on the daily oversight of GME programs, encompassing tasks such as ensuring compliance with ACGME standards, optimizing resource allocation, and supporting trainee wellness. Despite their importance, these administrative efforts are often overshadowed in scholarly discourse by clinical research (Phillips & Artino, 2017).

Established journals like *JGME* and *JAMA* predominantly publish studies on clinical outcomes, educational pedagogies, or physician performance metrics, leaving administrative innovations—such as streamlined duty-hour tracking or enhanced coordinator training—underrepresented (Phillips et al., 2017). This gap is significant because GME's operational backbone—program coordinators, administrators, and non-clinical educators—drives the practical implementation of educational standards. For instance, a well-designed scheduling system can reduce resident fatigue and improve compliance with ACGME duty-hour rules, directly impacting trainee well-being and patient safety (Colbert et al., 2021). Yet, such contributions rarely reach broader academic audiences, limiting their potential to influence GME practices across institutions.

The Forum of United Leaders in Graduate Medical Education (FULGME) was conceived to fill this void. Launched as a peer-reviewed platform, FULGME empowers GME professionals to share practical insights, disseminate process improvements, and build a collaborative community. Unlike traditional journals, FULGME prioritizes the voices of those managing the operational intricacies of GME, recognizing their role in shaping resident outcomes and program success. As Simpson et al. (2020) argue, the future of GME depends on inclusive scholarship that amplifies all stakeholders—not just clinicians—ensuring a holistic approach to medical education.

This paper explores FULGME's development, objectives, and initial impact, drawing on data from a needs assessment survey with 211 respondents, a successful inaugural issue, and a growing subscriber base of 200 by March 2025. By fostering a space for administrative scholarship, FULGME seeks to redefine how GME innovation is recognized and shared, ultimately strengthening the field's capacity to meet future healthcare demands. To address potential skepticism from traditional GME scholars, we also consider feedback received during FULGME's launch and outline strategies to sustain and expand its reach.

2. Objectives

FULGME's mission is rooted in three core objectives:

- 1) Provide a Peer-Reviewed Outlet:** To publish practical insights and process improvements—such as accreditation workflows or staff onboarding tools—that

are often overlooked by clinical-focused journals (Artino et al., 2022). This ensures administrative innovations gain visibility and credibility.

2) Facilitate Collaboration: To enable cross-institutional partnerships tackling shared challenges, including ACGME compliance, trainee engagement, and resource management (Dillman et al., 2014). Collaboration amplifies the impact of localized solutions.

3) Recognize GME Leaders: To celebrate the contributions of administrators and educators by disseminating leadership strategies and operational innovations that enhance training environments, fostering professional recognition and development.

These objectives address the systemic undervaluation of administrative work in GME, offering a platform where practical expertise can inform and inspire broader practice improvements.

3. Methods

Survey Design and Distribution

In December 2023, FULGME conducted a needs assessment to gauge interest and refine its focus. A voluntary survey was distributed to 5000 GME professionals via targeted Facebook groups, yielding 211 responses (a 4.22% response rate). While lower than the originally reported 15%, this sample still provides valuable insights from a diverse cross-section of GME roles. The survey, adapted from Gehlbach and Artino's (2018) Survey Checklist, underwent pilot testing with 10 program coordinators, reducing ambiguous items from five to two. Questions assessed content preferences (e.g., process improvements vs. clinical research), publication frequency, and perceived gaps in existing GME literature. Fully labeled response options (e.g., "strongly agree" to "strongly disagree") ensured reliability, aligning with Krosnick's (1999) findings that clear scales improve consistency by 40% in test-retest scenarios.

3.1. Respondent Demographics

The 211 respondents included 126 coordinators (60%), 53 administrators (25%), and 32 faculty members (15%), mirroring the diversity of GME operational roles. This distribution reflects FULGME's intent to serve all levels of GME leadership, not just physicians or Designated Institutional Officials (DIOs) (Colbert et al., 2021). While the sample may over-represent social media-active professionals, it captures a cross-section of engaged GME professionals likely to contribute to and benefit from FULGME's mission.

3.2. Qualitative Follow-Up

To deepen insights, 20 respondents participated in semi-structured interviews conducted in January 2024. These interviews explored specific needs, such as tools for ACGME reporting or coordinator onboarding, using open-ended questions like, "What administrative challenges do you face that lack published solutions?"

Responses were analyzed thematically, validating the survey's quantitative findings and shaping FULGME's editorial priorities.

3.3. Editorial Framework

Survey and interview data (**Table 1**) informed FULGME's guidelines, emphasizing practical, actionable content over theoretical research. Articles were structured to include problem statements, implemented solutions, and measurable outcomes, ensuring relevance to GME professionals.

Table 1. Survey data.

Question	Response Percentage	n
Interest in practical insights platform	95%	200
Support for peer collaboration	95%	200
Preference for process improvement	88%	186
Preferred frequency: Quarterly	60%	127
Preferred frequency: Bi-annual	40%	84

a: Total respondents = 211; percentages reflect "agree" or "strongly agree" responses.

4. Results

Analysis of the 211 responses revealed overwhelming support for FULGME's mission: 95% (200 respondents) endorsed a platform for practical insights ($p < 0.01$ vs. neutral/disagree), and 88% (186 respondents) prioritized process-focused content over traditional research. Preferences for publication frequency split between quarterly (60%, $n = 127$) and bi-annual (40%, $n = 84$), guiding FULGME's decision to launch with a quarterly schedule in November 2024. While the 4.22% response rate limits generalizability, the consistency of responses across roles suggests strong interest among engaged GME professionals, though future surveys will target broader sampling to confirm demand.

Inaugural Issue

FULGME's first issue, published in November 2024, featured 5 articles selected from 8 submissions. Topics ranged from best practices in ACGME data management to case studies on trainee engagement and strategies for coordinator training. A post-publication survey of 50 readers indicated 85% satisfaction, with comments praising the issue's "relevance to daily GME challenges." One article, detailing alignment of ACGME and non-ACGME training programs which includes an in-depth tracking system, was later adapted by additional programs, demonstrating early evidence of practical influence (see Discussion for details).

Growth and Engagement

By March 2025, FULGME's subscriber base reached 200, driven by outreach on LinkedIn and Facebook. Its ISSN and DOI registration via [CrossRef \(2023\)](#) enhanced academic legitimacy, while its 501(c)(3) status supported community initiatives. A notable example was a two-day Program Coordinator Bootcamp held

in January 2025, at the “University of Texas Tyler Health Science Center” training over 25 attendees. Post-event surveys, using a 5-point Likert scale (1 = “very dissatisfied” to 5 = “very satisfied”) across criteria like content relevance and skill applicability, showed 90% satisfaction (mean score: 4.5), with participants citing improved skills in accreditation and trainee support. Follow-up interviews with 5 attendees three months later indicated sustained use of bootcamp tools, such as a revised ACGME reporting template, in their programs.

Milestones Timeline

- **Dec 2023:** Survey launched (211 respondents).
- **Nov 2024:** Inaugural issue published.
- **Jan 2025:** Bootcamp hosted.
- **Mar 2025:** 200 subscribers achieved.

Creating the FULGME Brand

FULGME’s identity hinges on its trademarked name—“Forum for United Leaders in Graduate Medical Education”—and logo, symbolizing unity and innovation. Partnerships with CrossRef for DOIs ensure articles are citable and accessible, reinforcing FULGME’s credibility. These branding efforts position FULGME as a professional resource distinct from clinical journals, appealing to GME’s operational leaders.

5. Discussion

Addressing a Scholarly Gap

FULGME complements *JGME*’s research focus by providing tools for daily GME oversight, such as accreditation workflows and staff development strategies. Unlike ACGME resources, which outline compliance requirements, FULGME empowers administrators to innovate within those frameworks (Dillman et al., 2014). For example, an article from the inaugural issue on ACGME and non-ACGME training program alignment offered a solution that nonalignment in one program by 30%; by February 2025, other programs adapted this tool to their contexts, suggesting early practical impact.

Community Impact

The 211 survey respondents underscored a demand for collaboration and recognition, reflected in FULGME’s bootcamp and diverse authorship. By March 2025, its 200 subscribers—spanning coordinators, administrators, and faculty—signal a growing community invested in administrative scholarship. While this represents a modest fraction of the GME workforce, it aligns with Simpson et al.’s (2020) call for inclusive literature, with potential for broader reach as awareness grows.

Strengths and Limitations

FULGME’s strength lies in its practitioner-driven focus, validated by the 95% survey support for practical insights. However, the 4.22% response rate raises concerns about representativeness, potentially skewing toward social media-active professionals. To mitigate this, future surveys will use mixed-mode distribution

(e.g., email, professional conferences) to reach a wider audience. Additionally, sustaining submissions as a new platform remains a challenge, addressed below under sustainability strategies.

Feedback from Traditional Scholars

Initial outreach to *JGME* editorial board members elicited mixed reactions: some praised FULGME's niche focus, but others questioned its divergence from clinical research, suggesting it risks "fragmenting GME scholarship." We counter that FULGME enhances, rather than competes with, existing journals by addressing an unmet need, and fostering dialogue between clinical and administrative domains.

Broader Implications

FULGME's early success challenges the notion that GME scholarship must prioritize clinical research. By valuing administrative innovation, it elevates non-clinical leaders, potentially influencing ACGME policies—like refined duty-hour guidelines—through shared best practices. Its model could inspire similar platforms in other healthcare education fields.

Future Directions

Sustainability and Expansion Strategies

To sustain operations, FULGME leverages its 501(c)(3) status to pursue grants from foundations supporting medical education, targeting \$50,000 annually to fund peer review and outreach. A subscription model (\$25/year) is under consideration to supplement funding without compromising accessibility. Engagement will be maintained through quarterly webinars (e.g., Q3 2025 ACGME updates) and the development of a virtual monthly bootcamp for new and seasoned GME professionals, slated for launch in 2026. This bootcamp will provide ongoing training and networking opportunities, fostering continuous interaction and skill development. To expand reach beyond social media, FULGME will collaborate with GME professional networks and regional training consortia, targeting 500 subscribers by 2027. Overcoming funding challenges involves diversifying revenue (grants, sponsorships) and proving impact through longitudinal studies of article adoption rates.

6. Conclusion

FULGME redefines GME scholarship by centering administrative innovation, with 211 survey respondents, 200 subscribers, and a successful bootcamp underscoring its potential to shape medical education. By bridging the gap between clinical and operational discourse, FULGME empowers GME professionals to drive progress in oversight and collaboration, offering a platform where practical solutions—such as optimized accreditation workflows or enhanced trainee support systems—gain the visibility they deserve. This initiative not only addresses a longstanding disparity in GME literature but also sets a precedent for how the field can evolve to meet the multifaceted demands of 21st-century healthcare.

The significance of FULGME extends beyond its immediate outputs. Its estab-

lishment reflects a broader shift in medical education toward recognizing the interdependence of clinical and administrative excellence. Historically, GME scholarship has been dominated by a clinical lens, with success measured through metrics like board pass rates or patient outcomes (Phillips et al., 2017). While these are vital, they represent only part of the equation. The operational framework—crafted by coordinators who navigate ACGME requirements, administrators who allocate resources, and educators who mentor trainees—underpins these achievements. FULGME’s 95% survey support for practical insights (200 of 211 respondents) signals a hunger for this holistic perspective, one that values the “how” of GME as much as the “what.”

Looking ahead, FULGME’s trajectory suggests it could become a cornerstone of GME professional development. The 200 subscribers achieved by March 2025, though modest, represent an engaged vanguard—individuals committed to advancing their practice through shared knowledge. The Program Coordinator Bootcamp, with its 90% satisfaction rate among 25 attendees, exemplifies how FULGME translates scholarship into tangible skill-building. These early wins lay the groundwork for a sustainable model, one that could scale to influence thousands of GME professionals worldwide by 2030. If international expansion succeeds, as planned for 2026, FULGME might catalyze a global dialogue on administrative innovation, adapting its insights to diverse healthcare systems while maintaining its core focus on practicality and collaboration.

Moreover, FULGME’s non-profit status and peer-reviewed rigor position it as a trusted resource amid an era of information overload. As healthcare grows more complex—driven by artificial intelligence, telemedicine, and regulatory shifts—GME leaders need reliable, practitioner-vetted tools to stay ahead. FULGME’s DOI-registered articles and quarterly publication schedule ensure accessibility and timeliness, while its invitation to submit at <http://www.fulgme.org/> fosters an open, participatory culture. This inclusivity is key: by amplifying voices from coordinators (60% of survey respondents) to faculty (15%), FULGME builds a community where every role contributes to the field’s advancement.

Challenges remain, including expanding its reach beyond social media-savvy professionals and securing funding to sustain growth. Yet, these hurdles are outweighed by FULGME’s potential to reshape GME’s narrative. By 2030, it could serve as a model for other disciplines—nursing, allied health, or undergraduate medical education—seeking to elevate operational scholarship. We invite coordinators, administrators, and educators to join this movement, submitting insights that drive progress in GME oversight and collaboration. Together, we can ensure that the unsung heroes of medical education receive the recognition and resources they need to thrive, securing a stronger future for trainees and patients alike.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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