Lehigh Valley Health Network

LVHN Scholarly Works

Department of Education

Development of an Evidence-Based Compendium of Institutional Graduate Medical Education Leadership Competencies (GMELCs)

Margaret Hadinger, EdD MS Lehigh Valley Health Network

Brigham C. Willis University of Texas Health Center at Tyler

Jacqueline E. Levesque University of Houston- College of Medicine

Kathryn M. Andolsek

Duke University School of Medicine

Sharon Hall
CAMC Institute- Charleston Area Medical Cent

See next page for additional authors

Follow this and additional works at: https://scholarlyworks.lvhn.org/education

Part of the Education Commons, and the Medical Education Commons

Let us know how access to this document benefits you

Published In/Presented At

Hadinger, M.A., Willis, B.C., Andolsek, K.M., Hall, S., & Broquet, K. (March, 2022). *Development of an evidence-based compendium of institutional graduate medical education leadership competencies (GMELCs)*. Poster presented at: 2022 ACGME Annual Educational Conference Virtual Experience.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

authors					
	er, EdD MS; Brigham C et	. Willis; Jacqueline	E. Levesque; Kathr	yn M. Andolsek; S	Sharon Ha

Development of an Evidence-Based Compendium of Institutional Graduate Medical Education Leadership Competencies (GMELCs)

Margaret A. Hadinger, EdD, MS,¹ Brigham C. Willis, MD, MEd,² Jacqueline E. Levesque, A.Ed,³ Kathryn M. Andolsek, MD, MPH,⁴ Sharon Hall, MSM,⁵ Karen Broquet, MD, MHPE⁶

¹Designated Institutional Official/Director, Graduate Medical Education and Student Programs, Lehigh Valley Health Network, Allentown, PA, ²Dean, UT Tyler Medical School, Tyler, TX,

³Associate Dean for Graduate Medical Education and Faculty Affairs, University of Houston, TX, ⁴Professor Family Medicine and Community Health and Assistant Dean, Duke University School of Medicine, Durham, NC, ⁵Designated Institutional Official, President, CAMC Institute for Academic Medicine, Charleston, WV, ⁶Designated Institutional Official, Associate Dean for Graduate Medical Education, Southern Illinois University School of Medicine, Springfield, IL

Background

Health care's complexity and rapid change necessitate cultivating leaders. In 2004, the AAMC Group on Residency Affairs (GRA) commissioned Core Competencies for Institutional Leaders/Designated Institutional Officials (DIOs). Revised in 2008 and 2015, they are now named the Institutional GME Leadership Competencies (GMELCs).

Objectives

The purpose of the GMELCs was to:

- 1. Define characteristics/attributes required for success in GME leadership roles.
- 2. Describe measurable and observable outcomes that contribute to superior performance.
- 3. Form a basis for identifying and developing the next generation of GME leaders.

Methods

Building on previous work defining the responsibilities of DIOs and other health care leaders, the GRA Leadership Competency Task Force searched the literature, evaluated existing tools and frameworks, surveyed GRA membership, and conducted stakeholder interviews and focus groups to develop a set of GMELCs. Through multiple revisions, GMELCs evolved to focus less on discrete job responsibilities and more on emerging leadership characteristics. Each revision was developed in conjunction with the GME Leadership Course.

The GMELCs Model

The GMELC framework includes four Domains. Competencies and associated components are described as observable behaviors or work products. An accompanying Assessment Toolbox includes self-assessment and multi-rater tools. The fourth Domain (Entrustable Professional Activities) outlines essential activities/outcomes achieved through integration of the other three Domains and through the work of teams.

Applications

The GMELCs - developed and utilized by a broad cohort of GME leaders can be:

- Integrated into recruitment, assessment, professional development, and succession planning.
- · Used to acclimate new DIOs, clarify expectations, and to write job descriptions.
- Used for self-assessment and self-learning, to assess performance and provide formative developmental feedback for individuals and teams.
- Deconstructed to allow for role differences, focused reviews, QI, and to advocate for additional resources.

The GMELCs now form the framework for GRA Professional Development e.g. GME Leadership Course and Annual Meetings.

Supplemental Materials



Click here for access to the GMELCs, and a corresponding Multi Rater Short
Form and Self-Assessment Tool.

Limitations

Despite strong face validity and acceptance in the DIO community, the GMELCs have yet to be formally validated. Further input is needed from osteopathic and international GME leaders. Competencies in diversity, inclusion, equity, belonging (DIEB) and antiracism were underappreciated in past and current versions.

Next Steps

The GMELCs are iterative and dynamic. A fourth revision is underway to include competencies in DIEB, change, and crisis management. Research is needed to assess the outcome and impact of the GMELCs.

ACKNOWLEDGEMENTS

The authors thank the GRA, GRA Leadership Competency work groups, and individual GRA members past and present who contributed to the GMELCs.



