

## In This Issue

- C**ommentary: *First Do No Harm: Preserving Patient Safety Without Sacrificing Procedural Education* (p. 499)  
 In response to Grover et al (p. 548), Wayne and Holmboe emphasize balancing patient safety and educational progress, and recommend structure, working with faculty, and opportunities to demonstrate competence.
- Leadership Development for Program Directors* (p. 502)  
 Bing-You and colleagues applied leadership assessment and development tools during a program directors' retreat. They discuss how this can benefit program directors' professional development and positive leadership behavior.
- The Morbidity and Mortality Conference: A Unique Opportunity for Teaching Empathic Communication* (p. 505)  
 Teaching the skills of empathic doctor-patient communication during the M&M conference allows residents to refine their communication skills in situations they perceive as realistic and important.
- Emotional Intelligence and the ACGME Competencies* (p. 508)  
 Webb and colleagues report on the use of emotional intelligence (EI) assessment and training tools and provide recommendations for the teaching and assessment of EI.
- Procedural Readiness of Pediatric Interns: Defining Novice Performance Through Simulation* (p. 513)  
 An analysis of performance on simulated lumbar puncture procedures is used to explore reasons for pediatric residents' reported high failure rate, and the authors develop recommendations for enhancing performance and safety.
- Resident Career Planning Needs in Internal Medicine: A Qualitative Assessment* (p. 518)  
 An analysis of residents' career preparation needs leads to recommendations for information and counseling resources to better prepare residents for career decisions.
- Rubric Evaluation of Pediatric Emergency Medicine Fellows* (p. 523)  
 Validation of a tool for faculty and self-assessment contributes to a more reliable and valid approach for the formative and summative evaluation of pediatric emergency medicine fellows.
- Duty Hour Restrictions, Ambulatory Experience, and Surgical Procedural Volume in Obstetrics and Gynecology* (p. 530)  
 An analysis of the impact of the ACGME duty hour standards found they did not limit ambulatory or surgical procedural volume for obstetrics and gynecology residents.
- Incoming Interns' Perspectives on the IOM Recommendations for Residents' Duty Hours* (p. 536)  
 Arora and colleagues explore interns' perceptions of duty hour limits, finding they desire flexibility to exceed limits for interesting clinical opportunities, and that context matters in considering trade-offs between fatigue and continuity.
- The 4:1 Schedule: A Novel Template for Internal Medicine Residencies* (p. 541)  
 A novel scheduling template that alternates traditional 4-week rotations with weeklong ambulatory blocks promoted a stronger emphasis on ambulatory education and allowed for enhanced modeling of the evolving practice of internists.
- Improving Residents' Knowledge of Arterial and Central Line Placement with a Web-Based Curriculum* (p. 548)  
 Grover reports that a web-based curriculum improved residents' knowledge and can supplement other methods of skills development.
- Critical Care Education During Internal Medicine Residency: A National Survey* (p. 555)  
 A survey of Pulmonary and Critical Care Medicine teaching found more teaching in programs with larger ICUs, those with night float, and those that suspended primary care clinic duties during the ICU rotation.
- An "Education for Life Requirement" To Promote Lifelong Learning in an Internal Medicine Residency Program* (p. 562)  
 A longitudinal study compared residents' self-reports of their planned educational modalities with graduates' reports and found graduates reported using more modalities than they intended to use as residents.
- Automated Data Mining: An Innovative and Efficient Web-Based Approach to Maintain Resident Case Logs* (p. 566)  
 A data mining program that extracts data from resident dictations is used to create resident case and experience logs. The results are compared with those from a manual data-entry system.
- Pediatric Emergency Medicine Residency Experience: Requirements Versus Reality* (p. 571)  
 This analysis found that pediatrics residents in one of the nation's busiest pediatric emergency departments did not achieve the required emergency and acute illness experience through direct patient care alone.

***Pediatrics Milestone Project: Next Steps Toward Meaningful Outcomes Assessment* (p. 577)**

The second article on the Pediatrics Milestones explores the role of their advancing competency-based assessment and introduces entrustable professional activity (EPA) in delineating activities residents can perform without direct supervision.

***Training Intensivists and Clinician-Scientists for the 21st Century: The Oregon Scholars Program* (p. 585)**

The article discusses the challenges and successes of a program that combines critical care medicine or research fellowship training with clinical anesthesia training at the University of Oregon, and its relevance to training anesthesiology clinicians and scientists.

***Teaching Risk Management: Addressing ACGME Core Competencies* (p. 589)**

A curriculum that teaches residents basic principles of risk management improves resident knowledge of risk management principles and may contribute to fewer malpractice claims.

***Medico-Legal Education: A Pilot Curriculum to Fill the Identified Knowledge Gap* (p. 595)**

A 2-day intensive medico-legal educational curriculum and concentrated legal education during residency may support resident physicians' motivation to improve quality assurance and continuity of care.

***Relationship Express: A Pilot Program to Teach Anesthesiology Residents Communication Skills* (p. 600)**

Berger and colleagues report on a pilot program to enhance interpersonal and communication made up of a standardized patient exercise, a didactic workshop, and video behavior modeling.

***Internal Reviews Benefit Programs of the Review Team Members and the Program Under Review* (p. 604)**

Use of a new template and centralization of documentation at Duke University Medical Center enhanced the institution's internal review process.

***No Time to Think: Making Room for Reflection in Obstetrics and Gynecology Residency* (p. 610)**

Winkel et al. instituted a workshop series on reflective writing, and they summarize how this approach can introduce residents to reflection and its benefits.

***A Different Approach for Measuring Residents' Rates of Continuing GME in ACGME-Accredited Programs* (p. 616)**

ACGME data are used to examine changes in the number and percent of graduates in GME programs by specialty and type of medical school, and show a recent increase in the rate of continued training for USMGs.

***Curriculum Providing Cognitive Knowledge and Problem-Solving Skills for Anesthesia Systems-Based Practice* (p. 624)**

A curriculum in operating room management, which incorporates evidence-based practice and work in interdisciplinary teams, can enhance resident skill in systems-based practice.

***Practice-Based Learning and Improvement for Institutions: A Case Report* (p. 633)**

Kirk and Howell summarize the University of Virginia's efforts to augment institutional oversight and propose that regularly scheduled institutional self-audits can reduce the risk of unfavorable accreditation decisions.

***Evaluating Practice-Based Learning and Improvement: Efforts to Improve Acceptance of Portfolios* (p. 638)**

An intensive faculty and resident education about educational portfolios and use of a 10-item scoring system result in enhanced acceptance and compliance in completion and evaluation of portfolios.

***Expertise, Diversity, and Perspective: Introducing the JGME Editorial Board* (p. 644)**

The Journal of Graduate Medical Education has progressed to an independent, academically based editor-in-chief and an enthusiastic and capable editorial board with clinical and GME depth, breadth, and diversity.

***Residency as Identity Transformation: The Life Stages of the Homo medicalis* (p. 646)**

Steinberg comments on the concepts of life cycle, stage, milestones and ongoing development in the professional lives of physicians, and discusses residency as a life altering and identity transforming period.

***Residency Programs' Evaluations of the Competencies: Data About Types of Assessments* (p. 649)**

An ACGME analysis that finds programs are assessing all 6 competencies using multiple methods and assessors, with ambulatory specialties using patient and family as assessors to a greater extent than other specialties.

***Changes in Resident Work and Sleep Hours 1999 to 2009: Results From a Survey of 4 Specialties* (p. 656)**

A comparison of data from 1999 and 2009 finds that in 2009 residents in 4 major specialties worked significantly fewer hours than in 1999, reported sizable increases in sleep hours, and complied with the ACGME's duty hour standards.