

In this Issue

From the Editor

In their guest editorial, Arora and Volpp propose 10 research priorities to study the impact of the duty hour limits, including their effect on errors and adverse events, educational outcomes, and residents' health and performance, and differences among specialties and settings. Other priorities include research into the characteristics of qualified supervisors and effective supervision, defining optimal work intensity, approaches to monitor the adequacy of clinical experiences, improving handovers, and finding the optimal structure for resident teams (p. 281).

In her editorial, Editor-in-Chief Gail Sullivan discusses the difficulties of randomization in field studies in educational settings and suggests a need to move away from randomized controlled trials as the "gold standard" in medical education research (p. 285).

Review

A narrative systematic review of comprehensive training curricula for minimally invasive surgery by Palter highlights critical aspects of simulation training, such as effective feedback, deliberate practice, and the combination of cognitive and hands-on learning, and offers frameworks for integrating simulation training into a comprehensive curriculum (p. 293).

Perspectives

In their "Perspectives" piece, Stoller and colleagues present a solution to the debate about the negative effect of the duty hour limits on resident professionalism, proposing "the genius of the AND" as a way to allow support for dual goals of reasonable hours and expectations for resident professionalism and self-effacement (p. 299).

Original Research

Rosenbaum et al analyzed the effectiveness of a faculty development program to teach internal medicine fellows' teaching skills and report high acceptance by residents and objective improvement in participants' teaching skills (p. 302).

Rosenberg and colleagues identified training gaps for pediatric residents planning a career in primary care, including deficiencies in the curriculum for continuity relationships, and proposed a new program structure that facilitates greater resident autonomy to foster development of clinical capability and self-confidence (p. 309).

Lipstein et al describes an intervention to teach and assess the competencies through hospital quality improvement activities and found that while it resulted in increased participation, it did not have a positive effect on resident attitudes toward quality improvement (p. 315).

Goldman and colleagues studied clinical and leadership skills in emergency medicine residents, finding that leadership skills were not well developed, which resulted in a narrow perspective on leadership (p. 320). The commentary by Adams (p. 442) notes that lessons in clinical leadership are learned when leadership is demanded in real work, when residents have opportunity to see and emulate clinical leadership, and when they receive feedback on their developing leadership skills.

Fargo and colleagues used a simulated surgical skills station to assess laceration management by surgical and nonsurgical residents. They also found that the station objectively assessed improvement in procedural skills in both groups and may be a useful addition to a surgical skills curriculum (p. 326).

Pien et al piloted a Faculty Train-the-Trainer Model to teach residents teaching and life-long learning skills and found it an effective strategy for teaching resident educator and life-long learning curricula. Resident comments also revealed appreciation of discussion of their roles as teachers (p. 332). The commentary by Yu and Hill suggests that until the characteristics of an "effective" residents-as-teachers program have been scientifically proved, these programs should be developed by experts using accepted methods to promote content validity (p. 438).

Wieland and colleagues surveyed resident attitudes regarding care for underserved patients and found that diminishing intent to volunteer may be due to multiple competing pressures, and that residents' plans for volunteering after completion of training assumed the level of commitment during medical school. In his commentary, Cohen notes that professionalism and humanism are intricately linked and that without a solid foundation of humanism to animate it, professionalism may not prevail under the multiple pressures of medical practice (p. 337).

Huynh and colleagues analyzed the effect of medical students' experiences with residents as teachers on clerkship assessment, finding that the overall experience with residents as teachers is a key factor in medical students' assessment of their clerkship (p. 345). The commentary by Linda Snell (p. 440) expands the benefits for resident teaching beyond those accrued by the students being taught. Added benefits include enhanced resident learning through teaching and a positive effect on residents' own communication skills and, through this, on patient outcomes.

Nguyen et al studied missed appointments in a resident continuity clinic and found it related to patient factors and practice discontinuity. The study also found that patients with frequent missed appointments had worse health outcomes (p. 350).

A study by Garra et al explores the feasibility and reliability of a multisource feedback tool for emergency medicine residents. It found the tool feasible, with acceptable reliability for feedback from faculty and nurses, although reliable feedback from patients would require a larger sample of patients than was used in this study (p. 356).

Lukela and colleagues describe the development of a patient safety learning program intended to enhance resident education and involvement in patient safety initiatives. The initial program did not have the intended positive effect on resident or faculty attitudes about safety. The authors describe revisions to the program and efforts to refine the interventions, with the aim of developing more proactive resident learners and shifting the culture to a focus on patient safety (p. 360).

Graduate Medical Education Around the Globe

Eze et al analyze the factors influencing specialty choice in Nigerian medical graduates and find that career selection was influenced by personal interest, career prospects, and personal skills/aptitude, and that the most frequently chosen specialties were surgery and pediatrics (p. 367).

Educational Innovation

McLeod used interdisciplinary prenatal group visits and found them a significant learning experience for obstetrics-gynecology that increases resident competence in team facilitation and collaboration, with the group visits also benefiting patients (p. 372).

Nguyen and Hirsch used a policy debate format to teach residents about health care reform and describe this as an active learning process that encouraged learners to be aware of opposing perspectives (p. 376).

Carek and colleagues at the University of South Carolina describe an effective intervention to increase the scholarly contribution of family medicine residents and faculty that resulted in a significant number of presentations and publications by participating residents (p. 379).

Carr et al found that after the closure of the pediatric inpatient unit in a community teaching hospital, collaboration with a children's hospital to provide the inpatient teaching setting was beneficial for the residency, the community hospital, and the children's hospital (p. 383).

Stohl et al link findings of successful performance in residency to the use of the competencies language in letters of recommendation and proposed these letters could be useful in predicting residents' success (p. 387).

Duran-Nelson and colleagues used dermatology residents under faculty supervision to teach basic dermatology procedure skills to primary care residents and found high acceptance of peer-assisted teaching by the internal medicine and medicine-pediatrics residents (p. 391).

Brief Reports

McMyler and colleagues describe a comprehensive risk management training taught as part of new resident orientation (p. 395).

Birnberg et al discuss entering residents' interest in a global health career and found residents casually exploring international health and those with serious career aspirations in this field. The authors make recommendations for structuring programs for both groups that maximize opportunities, while being sensitive to financial and feasibility constraints (p. 400).

Bennett and colleagues discuss reassignment of residents to continuity panels to produce a more even distribution of patients, and discuss panel review and case management to enhance the curriculum for first-year residents, with positive outcomes including improved clinical experiences and diabetes care quality indicators (p. 404).

Burton and colleagues describe a program to educate residents about skills for obesity counseling that incorporated motivational interviewing and patient centeredness. Residents appreciated the opportunity to learn skills for obesity counseling and liked putting the new skills into practice with real-time feedback (p. 408).

Ethnasios et al describe the use of a web-based survey for the required annual program evaluation in an internal medicine residency, finding it enhanced the quality and timeliness of the evaluation (p. 412).

Boyd and colleagues discuss the impact of international medical rotations on medical students' selection of otolaryngology and found that international electives were among 8 factors residents reported as having an impact on program selection but did not appear to affect selection itself (p. 414).

Greysen and colleagues report on low resident awareness of racial and ethnic disparities in cardiovascular care and report on the effectiveness of an intervention to increase resident awareness (p. 417).

Hau et al describe the Weill Cornell Tanzania Global Health Experience for resident physicians. Benefits included increased knowledge of international health/tropical medicine and improved physical examination skills, as well as reduced use of laboratory and/or radiologic tests (p. 421).

A study of internal medicine residents' use of self-directed learning plans found that clinical questions emerging in the context of patient care are an effective motivator for self-directed learning. Smith and colleagues report that incorporating this approach in their program has produced sustainable benefits over the past 5 years (p. 425).

Castillo et al discuss global health education programs that are advertised online, finding that many programs did not feature information on international opportunities on their sites and may risk failing to attract applicants with an interest in global health (p. 429).

Reiner and Castracane describe the use of a standard knitting needle as an innovative and cost-effective tool to teach obstetrics and gynecology residents surgical skills in the operating room. They report that this approach can easily be applied to other surgical specialties (p. 433).

Rip Out

In the second “Rip Out,” Simpson, Lyson, and colleagues discuss the annual required program evaluation as a common area for citations and provide recommendations to allow programs to get the most out of their annual program evaluation (p 435).

ACGME News and Views

Miller describes the Accreditation Council for Graduate Medical Education’s initiative to adapt the Parker Palmer’s approach for teacher renewal in its Courage to Teach retreats, and discusses aims and the positive effect on participants’ commitment and approach to teaching, following participation in the retreat (p 447).