

In This Issue

Editorial

An editorial by Sullivan points out our flaws and omissions in reporting medical education research that can distort or misrepresent results (p. 405).

Perspectives

Yunyongying suggests uses of gaming concepts in curricular design (p. 410); Benzinger offers a humorous take on hidden meaning in dean's letters and advocates for transparency (p. 413); Yang et al suggest "instinctive teaching" for seamless integration of teaching and clinical care (p. 415); and Klink et al discuss changes in grant-supported faculty development under the Affordable Care Act (p. 419). Two perspectives present the consensus of participants in a workshop on quality in medical education research: the first redefines quality from the perspective of educators as "consumers" of this research (Sullivan et al, p. 424); the second discusses systemic barriers that limit the productivity of education researchers (Yarris et al, p. 430).

Special Book Reviews

A series of invited reviews of Kenneth Ludmerer's newest book, *Let Me Heal: The Opportunity to Preserve Excellence in American Medicine*, features perspectives and reactions from medical educators (Gillick, p. 439; Brunett, p. 441; Fitzgerald, p. 445; Blijham, p. 447), residents (Dotters-Katz, p. 444; Sorensen, p. 449), and patients (Haskell, p. 437).

Original Research

Liaw and colleagues find an association between programs offering global health experiences and graduates' subsequent practice in underserved areas (p. 451). Aultman et al suggest ethics education to reduce moral distress among obstetrics-gynecology residents (p. 457). Reid's commentary explores the concept of moral distress and its implications for resident education (p. 583). Burden and colleagues find that simulation improves residents' communication and team skills during cardiopulmonary arrest management (p. 463). A study from the EIP Ambulatory Collaborative assesses the effect of clinic scheduling patterns on patient satisfaction (Francis et al, p. 470). In their commentary, Nelson and Fihn discuss determinants of patient satisfaction beyond resident schedules (p. 585). Swan and Baudendistel show that postinterview correspondence by applicants does not affect their position on programs' NRMP rank order lists (p. 478). Ryskina et al find that medical school origin and being in a primary care track had a positive effect on cost-effective prescribing practices by internal medicine residents (p. 484). Obley et al's commentary offers additional ideas for teaching cost-effective care (p. 587). Sidi and colleagues demonstrate the validity and utility of simulation-based OSCE for anaesthesiology residents (p. 489). Myerholtz tests a new tool to offer patient input on family medicine residents' communication skills (p. 495). A randomized trial assessed whether simulation improved skills in advanced cardiac life support, finding the major problem was resident misidentification of cardiac arrest rhythms (Han et al, p. 501). Two studies report on continuity of care in specialties not previously studied. Litofsky and colleagues show perioperative continuity for the primary operative neurological surgery resident in only a fraction of patients (p. 507). Munro et al find reduced continuity of care and fragmented supervision for anesthesiology residents in ambulatory surgery (p. 512). Ibrahim et al analyze the validity of the ACGME-I Resident Survey in assessing resident satisfaction in Abu Dhabi, United Arab Emirates (p. 517).

Educational Innovation

Siegler and colleagues introduce a rotation to teach residents the medical and biopsychosocial aspects of caring for older adults (p. 521). Shaughnessy et al introduce a tool to assess family medicine residents' decision making in ambulatory medicine (p. 526). A novel workplace-based tool assesses internal medicine residents' diagnostic accuracy (Jain et al, p. 532). Booth et al describe how a resident-led discharge clinic facilitates resident learning and improves patient access to posthospital care (p. 536). Boggan and colleagues present a novel electronic interface for residents' clinical quality improvement experience and present improvement outcomes (p. 541). Long and colleagues describe an approach for expanding resident education in health policy and advocacy (p. 547). Mount et al suggest a year-end oral examination as an effective and efficient way to provide information to the Clinical Competency Committee (p. 551). Yarris and colleagues suggest a Milestones Passport as a useful framework for feedback to emergency medicine residents (p. 555). Allen-Dicker et al find that schedules compliant with the 16-hour limit for first-year residents increased sleep, restfulness, and satisfaction with the educational experience (p. 561).

Brief Report

Brief reports assess the value of the orthopaedic residents' work while on-call (Jackson et al, p. 567); describe a professionalism curriculum for the transitional year (Edwards et al, p. 571); explore whether changing conference time facilitates earlier patient discharge (Campbell et al, p. 574); and use electronic health record data to study the timing of resident clinical notes and attestation by attending physicians (Madhavan et al, p. 577).

Rip Out

The Rip Out discusses the use of Twitter in clinical education and practice (Melvin et al, p. 581).

To the Editor

Two letters respond to the March 2014 guest editorial by Norman and colleagues on Milestones and competency-based education (Carraccio et al, p. 589; Dewan et al, p. 592). A third letter comments on Simpson et al's definition of scholarly activity from December 2013 (Cunningham et al, p. 591). Nagy poses a question about faculty preparedness to lead quality and safety improvement work (p. 593); the response presents the perspective of CLER leadership (Weiss and Wagner, p. 594).

On Teaching

Campbell and Chang discuss the experience of being the resident member of the Residency Review Committee for Internal Medicine (p. 595).

ACGME News and Views

Sweet and colleagues describe their experience with the EIP project and discuss its implications for the Next Accreditation System (p. 597). Jones studies residents' perspectives on patient safety across several specialties (p. 603). Weiss and colleagues introduce the CLER Pathways to Excellence as a new way to view the clinical learning environment (p. 608) and present the CLER Pathways to Excellence (p. 610). Philibert and Lieh-Lai present guidance on the ACGME self-study for programs scheduled for an early self-study visit (p. 612).