

In This Issue

From the Editor

Wong discusses how to report on patient safety and quality improvement (PS/QI) education in academic publications, with the aim of facilitating PS/QI dissemination and application (p. 513).

Perspectives

Perspectives in this issue address the need for residents to understand military culture in order to provide better care to veterans (Ross et al, p. 519); explore the diagnosis, prognosis, and treatment of medical uncertainty (Wray and Loo, p. 523); present a new approach to conversations that seek to overcome barriers in residents reporting quality and safety incidents (Karan et al, p. 528); explore the advantages and drawbacks in the use of chart-stimulated recall in resident assessment (Reddy et al, p. 531); and highlight the complexity of supervising residents at different levels and stages of learning (Peel and Nolan, p. 536).

Reviews

A review of the literature on the residency interview by Stephenson-Famy and colleagues suggests additional research is needed to determine interview formats and attributes associated with residency “success” or attrition (p. 539). A commentary by Burkhardt highlights the importance of resident selection on the quality of the national health care system (p. 673).

Paterson and colleagues aggregate data from the literature on quality indicators for medical education blogs and podcasts (p. 549).

Original Research

Ferrell and colleagues report on an accountability program for psychiatry residents that was associated with improved in-training examination scores (p. 555).

A hybrid pediatrics program that combines a tertiary urban setting and community rotations provides a well-rounded residency experience (Topps et al, p. 560). The commentary by Snadden highlights the value of community experiences for resident learning (p. 676).

Patrawalla et al describe the development of a checklist tool for point-of-care ultrasound to provide feedback to guide residents’ skill development (p. 567).

Aronica and colleagues link recent favorable trends of support for medicine-pediatrics programs since Accreditation Council for Graduate Medical Education (ACGME) accreditation (p. 574).

A study by El Rayess and colleagues finds that practicing in a patient-centered medical home alone may not adequately prepare residents and faculty for primary care practice or teaching (p. 580).

Research on milestone performance for incoming emergency medicine residents shows that a sizable percentage did not achieve Level 1 performance on emergency department care-based elements (Weizberg et al, p. 589). A commentary by Franzen and colleagues highlights the challenges of the transition from medical school to residency (p. 678).

Research on the effectiveness of medical schools’ industry interaction policies shows a need for enhancing learner understanding of industry practices and their possible biasing effects (Yeh et al, p. 595).

Dine and colleagues find that residency programs can leverage their influence over residents’ resource use patterns to improve the value of care provided by graduates (p. 603). The commentary by Petterson emphasizes the importance of teaching residents about cost consciousness (p. 681).

A study of international medical graduates’ interview and ranking behaviors shows that they affect Match outcomes, suggesting a need for education of applicants (Liang et al, p. 610).

A study of residency as a social network showed that loneliness is associated with greater burnout, while a sense of personal accomplishment was associated with greater network centrality (Shapiro et al, p. 617).

A study of continuity in a teaching unit settings shows the effect of selected aspects on learning, suggesting that programs need to decide which aspects are important, and design schedules accordingly (Fletcher et al, p. 624).

Educational Innovation

Palamara et al report on how a coaching program advances interns' professional development and alleviates burnout (p. 630).

O'Toole and colleagues describe a teaching development assessment tool that can be used by trained nonphysician observers, and shows promise for tracking developing teaching skills (p. 638).

A study of a team-based learning intervention in an internal medicine program found it required only limited ongoing preparation by facilitators, and was preferred by residents and faculty (Balwan et al, p. 643).

Brief Report

Brief Reports showcases a tool for evaluating and providing feedback on family medicine residents' secure e-mail messaging with patients (Kim and colleagues, p. 649); describes how hyperlinked information in journal articles improves statistical knowledge and reader satisfaction (Saxon et al, p. 654); delineates the use of the Transitional Year Milestones to assess performance of graduating medical students (Clay et al, p. 658); and discusses primary care needs and physician career choices in the United Arab Emirates (Schiess and colleagues, p. 663).

Rip Out

A new Rip Out series on qualitative research approaches begins with an introduction (Varpio et al, p. 667), and a Rip Out on how to select the appropriate approach (Teherani et al, p. 669).

The other Rip Out in the continuing series offers practical advice to program leaders and discusses how to implement an online faculty development program (Hurtubise et al, p. 671).

To the Editor

Observations address assessment of pediatrics residents in Iraq (Al-Mendalawi, p. 683), additional possible uses of the milestones (Balon and Stromberg, p. 685), and physician attitudes toward the mentally ill (Crapanzano and Vath, p. 686). *Comments* suggest that humanism is not a scarce resource (Kahn, p. 687), that milestones may have multiple functions (Conley et al, p. 688), and respond to a previously published JGME article (Cawley and Hooker, p. 689). This section also features the winning abstracts from the International Conference on Residency Education (beginning on p. 690).

On Teaching

In her essay, Prot describes her experience with patients' deaths (p. 698).

ACGME News and Views

Franzone and colleagues discuss the perspectives of a multispecialty panel of residents and fellows on progressive independence in clinical training (p. 700). Harwood reports on consensus among key stakeholders regarding graduate medical education financing (p. 705).