

# In This Issue

## From the Editor

---

An editorial applauds recommendations by an AAMC Task Force to revamp the medical school performance evaluation, but questions whether it goes far enough in addressing problems with the “dean’s letter” (Catalanotti et al, p. 1); and Sullivan invites authors to include graphics and humor when submitting “On Teaching” manuscripts to *JGME* (p. 5).

## Perspectives

---

Myers and colleagues discuss the benefits of a dedicated institutional leader for quality and safety improvement, and the potential of a national learning collaborative in disseminating best practices (p. 9).

## Special Essay

---

Noted historian Ludmerer offers 4 principles of residency education under work hour constraints, to ensure professional development of the next generation of physicians (p. 14).

## Reviews

---

A review of feedback and assessment tools for physician handoffs across specialties finds some useful tools, although research on their utility is limited (Davis et al, p. 18).

A review of the use of geriatrics curricula in internal and family medicine by Cheng and Davis finds adequate study quality, but the reported outcomes are limited to changes in knowledge and attitudes (p. 33).

## Original Research

---

A study of the functioning and reliability of the Family Medicine Milestones suggests they measure resident progress in the educational program as well as facilitate remediation (Peabody et al, p. 46). A commentary explores the milestones from a validity perspective (Li, p. 54).

A study of fourth-year medical student course loads finds that increased exposure to intensive clinical work was associated with better clinical evaluations during internship (Richards et al, p. 58). A commentary by Cosgrove and Bar-on emphasizes the importance of meaningful patient care experiences in undergraduate medical education (p. 64).

Wong and colleagues report on medical error disclosures by residents, finding that key activities in resident willingness and skills are role modeling and a strong, local, patient safety culture, establishing error disclosure as an accepted activity (p. 66).

Koehler et al present a scoring tool for teaching institutions to predict which graduates are likely to practice medicine within the state of their graduate medical education (GME) training (p. 73).

A tool for assessing quality improvement (QI) knowledge and skills detected increases in QI knowledge and skills in pediatrics residents, with improved interrater reliability over existing tools (Doupnik et al, p. 79).

Soares and colleagues studied unprofessional social media use in emergency medicine physicians, suggesting that they may underestimate the potential for investigations resulting from themes involving derogatory speech and alcohol use (p. 85).

Sairenji and colleagues report that family medicine program directors may recognize the value of home visits despite removal of an accreditation requirement and a lack of formal curricula (p. 90).

A study of cardiorespiratory fitness in internal medicine residents finds relatively poor fitness levels, with residents reporting decreased physical activity and implicating residency time constraints (Daneshvar et al, p. 97).

---

DOI: <http://dx.doi.org/10.4300/JGME-D-16-00717.1>

## **Educational Innovation**

---

Virtual journal clubs work across multiple social media platforms to engage authors, content experts, and educators in discussions; this example uses team-based learning in GME (Riddell et al, p. 102).

Rajkomar and colleagues use of electronic health record data identified gaps in internal medicine interns' ambulatory experience, with only 3% of interns exposed to all top 10 ICD-9 diagnoses (p. 109).

Replacement of summative rotation evaluations with multiple formative evaluations using direct observations is feasible and improves faculty attitudes toward direct observation (Smith et al, p. 113).

Chang and colleagues propose that a bus tour of local neighborhoods is a practical, time-efficient, and feasible way to increase residents' perception of local health disparities and social determinants of health (p. 118).

## **Brief Report**

---

Fourth-year medical students identify surgical training as the most important factor in selecting an obstetrics-gynecology residency (Alston et al, p. 123).

## **Rip Outs**

---

Yarris et al explain how to implement a team-based coaching approach to peer review (p. 127); and Watling and colleagues describe the elements of a quality grounded theory study and the preparation that is required (p. 129).

## **On Teaching**

---

Cowgill reflects on sarcasm, resistance to receiving feedback, and a change of mind (p. 143); and Miller describes a medical rescue and added time with a beloved grandfather (p. 145).

## **ACGME News and Views**

---

Philibert describes the program self-study and the 10-year accreditation visit as connected activities to facilitate program improvement, and introduces a new tool to assess the maturity of programs' improvement processes (p. 147).