In This Issue

From the Editor

The first editorial by Thomas provides clinical, ethical, and legal consideration for decisions to refer a resident for psychiatric evaluation (p. 151).

In a second editorial, Varpio and Meyer caution against adopting expectations from rigorous quantitative research to qualitative studies, and point to the *JGME* Qualitative Rip Out Series as a rich source of information on how to conduct robust qualitative research (p. 154).

Perspectives

Drolet et al discuss the necessity of trainee involvement in patient care, and suggest a need for dialogue between the medical education community and the public (p. 159). A second perspective by Dickey and colleagues discusses cognitive demands and cognitive bias as challenges for Clinical Competency Committees (p. 162).

Original Research

A small qualitative study of the R2C2 feedback model (relationship, reaction, content, coaching) finds the model allows for collaborative, reflective, goal-oriented discussions (Sargeant et al, p. 165). In his commentary, Harrison describes feedback as a meaningful conversation to change performance (p. 171).

A study of internal medicine program directors' perceptions of the "all in" rule finds increased application volume and growing resource use, including interview-associated costs and delayed starts for visa-holding residents (Alweis et al, p. 173).

Morrison and colleagues find limited education in transgender-related topics in plastic surgery and urology programs, and that program director attitudes appear to affect the provision of this training (p. 178).

A study by Young et al on the topic of resident exposure to hospital discharges discovers that review and feedback on discharge summaries, and having residents follow patients after discharge, are largely underused yet valuable approaches (p. 184).

A study of preoperative practice paired with feedback shows that it did not improve operative performance in obstetrics-gynecology residents (Kroft et al, p. 190).

Boggan and colleagues find that audit and feedback on the communication of routine and significant diagnostic data improve the timeliness of communication for both types of results (p. 195).

An analysis of multiple primary studies of procedural skills finds that despite overall poor performance, trainee experience and year of training were positively associated with performance (Barsuk et al, p. 201).

Pugh et al test the use of entrustable professional activities to assess procedural skills, and find that they provide a practical framework for assessment in a competency-based education model (p. 209).

Wen et al show that the 2003 Accreditation Council for Graduate Medical Education work hour standards increase hospital-acquired conditions and their associated impact in teaching hospitals, with no change in non–teaching institutions (p. 215).

Educational Innovation

Chung et al describe an interdisciplinary transition clinic for pediatrics, internal medicine, and medicine-pediatrics residents to address psychosocial and medical transitions (p. 222). A commentary by Elias discusses barriers faced by patients that age out of the pediatric care system (p. 228).

Liang and Shanker find that a 1-hour lecture and individual feedback were effective in improving neurology residents' clinical documentation and increasing potential billings (p. 231).

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Brief Report

Wehr and colleagues find that residents' perceptions of psychiatry as a primary care field are associated with a higher reported likelihood of treating their patients' medical conditions (p. 237).

Didwania and colleagues show that a video-based interactive workshop can change perception and may lower residents engaging in some unprofessional behaviors (p. 241).

Use of an "admission window" to limit admissions on a general medicine inpatient service improves resident perceptions of their workload and increases resident time for learning and patient care (Choi et al, p. 245).

Rip Out

Jericho et al provide practical guidance on how to enhance your skills as a journal peer reviewer (p. 251); and O'Brien and O'Sullivan offer ideas and suggestions for the use of a mixed methods approach in medical education research (p. 253).

To the Editor: Comments

Letters to the editor in the comments category address the use of political contributions as a disincentive (Lee, p. 255), with a reply by the authors (Doolittle and Ellman, p. 255); describe blogging as an educational tool in a family medicine residency (Jones et al, p. 256); caution that negative perceptions of family-centered bedside rounds by trainees may contribute to reduced use of this approach (McDermott, p. 257); and discuss the limited training offered in residency programs for the care of transgender patients (Morrison et al, p. 258).

To the Editor: Observations

Riddell and colleagues offer interesting data on trainee perceptions of the appropriateness of Facebook contact between residents and their attending physicians (p. 259). Alvin discusses his experience as an intern in a program participating in the iCOMPARE trial (p. 261). Two letters to the editor offer practical, low-cost, resident-focused, and resident-driven ideas for promoting resident well-being (Paetow, p. 263, and Abrams, p. 264).

On Teaching

Kittleson discusses 3 types of residents, using the analogy of a toddler, a waiter, and a captain, to offer suggestions to enhance learning tailored to these different personalities (p. 265).

Pham and colleagues introduce "Kidney Court" as a novel and energizing way to have fellows conduct a critical review of the literature (p. 267).

ACGME News and Views

Hipp and colleagues describe the "Back to Bedside" initiative developed by the ACGME Council of Review Committee Residents that shows how clinical learning environments can be improved to combat physician burnout by fostering meaning in work (p. 269).