

August 2017: In This Issue

From the Editor

In their editorial, Sullivan and Artino discuss suboptimal approaches for designing a survey instrument (p. 411).

Perspectives

Anderson and colleagues designed a physician job description for 2020, which identifies 6 categories that are aligned to job and practice demands in the coming decade (p. 418).

Cabrera and colleagues provide suggestions for how to use social media portfolios for academic promotion and tenure (p. 421).

Chen et al highlight differences and similarities between university- and community-based residency models, and ask educators to take advantage of attributes of both models (p. 426).

Reviews

Winkel et al summarize data on reflection as a learning tool for residents and fellows; outcomes studied include impact on empathy, comfort with learning in complex situations, and engagement in the learning process (p. 430).

Original Research

Guiahi and colleagues find that ethical objections at religious institutions create barriers to residents receiving training in the full range of family planning services, despite Accreditation Council for Graduate Medical Education requirements (p. 440). A commentary by Steinauer and Freedman suggests that policies and practices at religious training institutions follow obstetricians-gynecologists into their subsequent practice (p. 447).

A randomized trial of a self-regulation strategy (WOOP) showed that it is more effective than goal setting for increasing study time for anesthesiology residents (Saddawi-Konefka et al, p. 451). In a commentary, Larsen and Lockspeiser discuss research that demonstrates exciting opportunities for educators to guide residents and fellows toward an optimal approach to self-regulated learning and practice (p. 458).

Meltzer et al show that an objective structured clinical examination increases self-reported efficacy for conversations with surrogate decision makers, and it is feasible in a busy clinical setting (p. 461).

A new scenario-based interview tool for assessing competencies and values in global health is relevant to program activities, including evaluating candidates and assessing the success of programs in equipping practitioners for practice in the field (Wroe et al, p. 467).

A study found the Multi-domain Assessment of Quality Improvement Projects to be a user-friendly way to assess quality improvement projects by learners at all levels, which requires no added faculty training (Rosenbluth et al, p. 473).

A survey study finds burnout and dissatisfaction with work-life balance in primary care residents and faculty, with more electronic health record use after hours associated with lower work-life satisfaction (Robertson et al, p. 479).

Martinelli et al find that a flipped classroom model in anesthesiology resulted in a small positive effect on retention at 4 months and was preferred by learners (p. 485). In contrast, a crossover study comparing a flipped classroom module with a standard lecture for emergency medicine residents found that both approaches were essentially equivalent (Riddell et al, p. 491).

DOI: <http://dx.doi.org/10.4300/JGME-D-17-00412.1>

Sobel and colleagues showed that a scheduling model matching faculty to internal medicine residents' ambulatory block schedules increased resident and preceptor perceptions of familiarity with complex patients, as well as preceptor comfort with making milestone assessments early in the academic year (p. 497).

Educational Innovation

A novel, competency-based, resuscitation course, distributed over an academic year, demonstrated feasibility and acceptance by residents and identified residents in need of additional training (McMurray et al, p. 503).

An online learning network for value-based care helped participants share and implement innovations, and is sustainable without ongoing support after start-up funding (Gupta et al, p. 509).

Brief Report

A financial analysis for a single institution finds that eliminating residents would increase the cost of care (DeMarco et al, p. 514).

Ou et al describe a scribe program in an urban emergency medicine residency program that led to improved residents' perceptions of their education (p. 518).

Patel and colleagues show that consolidating fellowship administration in a pediatrics program is feasible and offers substantial benefits for all stakeholders (p. 523).

Providing activity trackers, increasing feedback, and offering comparisons to peers may enhance physical activity levels in residents (Yeung et al, p. 527).

Rip Out

The Rip Out by Andolsek and Simpson provides concise, evidence-based guidance on direct observation for resident assessment (p. 531).

On Teaching

Lovell discusses 3 barriers to resilience in trainees (p. 533); and Han explores error disclosure from 2 personal perspectives: the physician and the patient (p. 535).

An illustrative strip by Maatman addresses the topic of mentoring (p. 537).

To The Editor: Comments

Letters in the Comments section identify connectedness as an attribute in psychological safety for learners (p. 538); call for effectiveness studies of graduate medical education interview software (p. 540); address peer role-playing in error disclosure training (p. 541); discuss the need for a gold standard for team-based learning (p. 542); and question whether time limits for admission allow for sufficient *deliberate practice* (p. 544).

To The Editor: Observations

Letters in the Observations section call for genetics education in dermatology (p. 545); describe efforts to monitor global health electives at a large academic medical center (p. 547); warn about potential adverse consequences in attempts to quantify humanism (p. 549); and question the reliability of medical textbooks (p. 550).

ACGME News and Views

Khan and colleagues from the Council of Review Committee Residents describe their effort to develop milestones for residents as mentors of junior colleagues, focusing on 3 key dimensions: availability, competence, and support of the mentee (p. 551).