

# October 2017: In This Issue

## From the Editor

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O'Brien, Balmer, and Maggio offer 6 virtues to guide researchers in their work and to counteract the 7 *deadly sins* in health professions education research (p. 555).

## Perspectives

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Rosenman and colleagues discuss the need for conflict management and de-escalation skills in the learning environment in order to reduce the risk of workplace violence from patients and their families and friends (p. 562).

Erickson and Rockey describe the actions of the Montana Graduate Medical Education Council's efforts to increase residency positions in the state in order to serve the residents' current and future health care needs (p. 567).

Weidner and colleagues discuss the development, piloting, and validation of a national family medicine graduate survey (p. 570).

A perspective by Rice addresses the uncomfortable issue of overstatement, misrepresentation, and "white lies" in the clinical learning environment (p. 574).

## Original Research

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Mueller and colleagues find qualitative differences in faculty feedback that female and male emergency medicine residents received, particularly for authority and assertiveness (p. 577). A commentary by Choo discusses the particular struggles for women around assertive behaviors (p. 586).

A study of program director perceptions of interns' proficiency in core entrustable professional activities finds that a significant percentage of residents were not prepared to write orders, form clinical questions, provide handoffs, or promote a culture of patient safety (Pearlman et al, p. 588). A commentary by Guralnick and Yedowitz-Freeman suggests that there may be a lack of consensus across medical schools regarding teaching and assessment of these skills (p. 593).

Petry and colleagues assess the relationship between a voluntary free clinic experience and practice after graduation, finding that residents who participated in the experience were more likely to practice in communities of need and rural settings (p. 595).

A resilience curriculum for internal medicine interns was well received but did not improve participants' resilience scores (Bird et al, p. 600).

Easdown and colleagues found that a checklist is superior to milestone-based assessment when evaluating entry level and junior learners but not when evaluating more advanced learners (p. 605).

Perry and colleagues analyzed use of mobile applications in a large sample of obstetrics and gynecology residents, finding widespread use for patient care and learning and noting that residents may benefit from added guidance on selecting the most appropriate apps (p. 611).

Gollehon and colleagues report that residents' medical school of origin is weakly correlated with clinical competency as measured by a standardized objective structured clinical examination (p. 616).

## Educational Innovation

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Dulay and colleagues found that a 3-week ambulatory immersion experience in the first 6 months of training improved interns' confidence in ambulatory content areas and their satisfaction with clinic (p. 622).

Narayana et al had residents follow their patients' course of care postdischarge and facilitated learning about end-of-life counseling, care transitions, and clinical decision-making (p. 627).

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A novel train-in-place residency in occupational medicine overcame barriers of access to training and resulted in increased numbers of occupational and environmental medicine physicians (Green-McKenzie and Emmett, p. 634).

Two articles address high-value care. Nandiwada et al found that explicitly communicating the evidence behind recommendations fostered resident understanding of high-value care and was perceived as educationally valuable (p. 640); and a study of high-value care using standardized patient encounters found a correlation between the inappropriate use of tests and lower counseling and communication skills (Baldwin et al, p. 645).

## **Brief Report**

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Kumar and colleagues found that the in-training examinations in plastic surgery and orthopaedic surgery assessed only half of the specialties' milestones, focusing predominantly on patient care and medical knowledge (p. 650).

## **Rip Out**

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Byerly and colleagues discuss 3 lenses to frame qualitative studies in graduate medical education: behaviorist, cognitive, and sociocultural (p. 655).

## **On Teaching**

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Bynum describes his experience in a combat skills course with the US Air Force and what civilian medical education can learn from the military training environment (p. 657); and Gaetani uses the cases of 3 pediatrics patients who required resuscitation to highlight nuances in applying ethics in patient care decisions (p. 659).

A second installment of an illustrative strip by Maatman addresses the topic of mentoring (p. 661).

## **To The Editor: Comments**

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Letters in the comments section offer a humorous take on feedback to pediatrics residents (Kind and Agrawal, p. 662); revisit the issue of open disclosure of trainee involvement in patient care (Wang, p. 663); suggest a broader focus on intervention to reduce resident burnout (Winkel and Feldman, p. 664); and highlight the importance of compliance with federal laws in referring residents for a psychiatric evaluation (Lawson, p. 666), with a response by the author (Thomas, p. 667).

## **To The Editor: Observations**

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Letters in the observations category highlight challenges in the couples match (Khouri, p. 668); propose a dedicated geriatrics week as an intervention to improve education to care for an aging population (Patel et al, p. 669); discuss the importance of self-care during residency (Wei et al, p. 670); discuss differences in the meaning of patient care (Burstein, p. 671); and propose training in the observation unit as a valuable experience for residents (Nand, p. 672).

## **ACGME News and Views**

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Jardine et al describe the “#TipsForNewDocs” initiative on Twitter, which provides newly minted physicians with words of wisdom and brief anecdotes to supplement their formal curriculum and teaching (p. 674).

A new last page entitled “ACGME UPDATE” provides guidance for programs regarding the 10-Year Accreditation Site Visit (p. 676).