

February 2018: In This Issue

From the Editor

Sullivan presents a toolkit for medical education scholars, based on Glassick's 6 criteria for assessing quality in scholarly work (p. 1).

Perspectives

Chatterjee and colleagues provide a perspective on gender in medicine, ending with a recommendation for use of a broader categorization for gender identity and sexual orientation (p. 8).

A practical discussion of ways for dealing with residents' educational debts details options, such as benefits from Public Service Loan Forgiveness for primary care specialties and educational loan refinancing, among others. (Lynch et al, p. 11).

Reviews

A scoping review finds continuity of care for residents lower than expected at 55% and 56%, respectively, using 2 common formulas (Walker et al, p. 16).

Original Research

Abedini and colleagues recommend categorizing resident burnout into *circumstantial* and *existential*, which may help identify appropriate interventions (p. 26). In her commentary, Winkel discusses the range of interventions and suggests 2 essential questions: "What does it mean for physicians to thrive?" and "What does it take to get to that place?" (p. 34).

A *JGME*–Academic Life in Emergency Medicine discussion of resident well-being highlights the need for a consensus definition of well-being and collaboration to gather evidence on effective tools and wellness programs (Chung et al, p. 36).

A qualitative analysis of the faculty perceptions of the use of shared decision-making in teaching settings finds significant barriers that may diminish opportunities for residents to acquire this important skill (Schoenfeld et al, p. 43).

Diller and Yarris find that use of Twitter in emergency medicine residency programs is common and often does not conform to program director organization guidance (p. 51).

A simulation exercise to improve acute stroke management enhanced timeliness of initiating treatment and resident comfort with providing care and was feasible with existing time and resources (Mehta et al, p. 57).

Educational Innovation

A universal well-being assessment for all first- and second-year residents is feasible and may reduce barriers to resident use of counseling resources (Sofka et al, p. 63). A commentary by Batra et al underscores the utility of an "opt out" strategy for mental health resources for resident physicians (p. 67).

Connolly and colleagues provide data on their test of an online tool that provides milestone- and procedures-based feedback to obstetrics and gynecology residents and female pelvic medicine and reconstructive surgery fellows (p. 70).

A comprehensive, team-based learning curriculum is feasible in an internal medicine residency and results in faculty acceptance and increased learner satisfaction (Schynoll et al, p. 78).

DOI: <http://dx.doi.org/10.4300/JGME-D-17-01030.1>

Brief Report

Perry and colleagues describe implementation of programmatic assessment, as described by van der Vleuten et al, to organize diverse, multisource feedback to drive formative and summative assessment (p. 84).

A study of procedures by on-call residents in orthopedic surgery using current procedural terminology codes and relative value units finds they generate substantial billings and monetary value (Jackson et al, p. 91).

Rip Out

The Rip Out offers practical suggestions for the use of chart review and chart-stimulated recall for resident assessment (Philibert, p. 95).

On Teaching

Works in the On Teaching category offer guidance to resident preceptors (Mohanty, p. 97), and present a personal perspective on burnout and solutions to address it (Orlovich, p. 99).

Reviewer Acknowledgments

JGME editors thank all peer reviewers for 2017 and acknowledge the year's "Top Reviewers" (p. 101).

To The Editor: Comments

Letters emphasize the important of assessment in efforts to nurture humanism in medicine (Cleek et al, p. 105); comment on the importance of "a meeting of the minds" in resident mentorship (Persons et al, p. 106); discuss factors that enhance the success of residents' continuity immersion experiences (Kearns et al, p. 107); and offer a resident's perspective on academic bullsh*t (Peck and Viswanath, p. 108).

To The Editor: Observations

Letters discuss the value of reviewing explanation text in a study using online medical question banks (Jayakumar, p. 109); describe a program for teaching 10 point-of-care ultrasound skills to internal medicine residents (Galen and Conigliaro, p. 110); and caution about unintended, negative consequences of excluding preliminary medicine residents from X + Y scheduling (Lui et al, p. 112).

ACGME News and Views

Philibert and colleagues offer suggestions for how to improve program evaluation based on the findings of the ACGME Self-Study Pilot Site Visits (p. 114).