April 2018: In This Issue

From the Editor

Artino and colleagues describe formal programs in health professions education and suggest that individuals with this added formal training may be in a better position to select and implement improvements and innovations in medical education (p. 119).

Perspectives

Inui and colleagues from China describe an innovative consortium and demonstration project to improve graduate medical education (GME) at a time of major GME policy reform in China (p. 125).

Hadden and colleagues focus on "code-switching" as seamless alternating between medicalese and English that is understood by patients (p. 130).

Reviews

The review by Sadowski and colleagues finds that GME leadership curricula are heterogeneous and limited in effectiveness, with small group teaching, project-based learning, mentoring, and coaching used more frequently in higher-quality studies (p. 134).

Original Research

A study of the impact of medical school role models on residents' specialty choice found that personal exposure to positive role models is a predictor of medical students' choice of the role model's specialty (Yoon et al, p. 149). A commentary by Fingerhood and colleagues discusses the influence of role-model clinicians in a range of domains (p. 155).

Regenstein et al describe a cost reporting tool for primary care residency programs funded by Teaching Health Centers Graduate Medical Education (THCGME), noting that the tool may have utility for other residency programs to assess current training and operational costs (p. 157). A commentary by Wynn highlights the potential of THCGME funding as a model for innovating in primary care education (p. 165).

Three research articles discuss feedback. Roze des Ordons and colleagues found that preceptors adapted their feedback for residents to different contexts, using coaching, directing, mediating, and mentoring strategies (p. 168). The approach could inform faculty development to improve feedback provision.

Direct feedback from patients has been variously received by trainees. Bogetz and colleagues show that discussing patient feedback with faculty enhanced residents' openness to, and reflection on, patient feedback (p. 176).

Stroud et al examined resident credibility of feedback after a formative objective structured clinical examination (OSCE), and found that faculty and specialty congruent examiners were perceived as more credible than standardized patients. Specialty incongruent female examiners were associated with lower credibility ratings (p. 185).

Magee and colleagues found that rapid cycle deliberate practice improved interns' observed performance compared with traditional simulation debriefing, yet it was not superior in improving confidence or retention (p. 192).

Educational Innovation

Use of a simple well-being "fuel gauge" at an institution facilitated ongoing monitoring and follow-up to address factors contributing to low well-being (Scielzo and colleagues, p. 198).

DOI: http://dx.doi.org/10.4300/JGME-D-18-00201.1

Aponte-Patel and colleagues describe a program of debriefings to increase the frequency of real-time feedback after pediatric rapid response team activations, noting that the debriefings were valuable experiences for health professionals and trainees (p. 203).

Brief Report

In a national study of internal medicine program directors, only a minority acknowledged recent bullying in their training programs and noted this as a problem in the learning environment (Ayyala et al, p. 209).

Ahmed and colleagues report current and historical representation trends for international medical graduates in the GME training pool and US practicing physician workforce (p. 214).

A comparison of OSCEs and direct observation for communication skills showed that the 2 modalities provide different insights into resident communication skills and communication in different contexts (Goch et al, p. 219).

A pilot study of female resident lactation found that a hospital-grade pump in a private lactation room significantly decreased lactation time, while increasing expressed milk volume, and allowed residents to complete clinical and educational tasks while pumping (Creo et al, p. 223).

Rip Out

Marcdante and Simpson assist faculty in navigating the complex and often overlapping roles of advising, mentoring, and coaching learners in GME (p. 227).

On Teaching

In a poem, McLean describes an interview visit that may not have been an entirely positive experience (p. 229).

Sgro describes the journey to find his calling within medicine and describes "Bring Yourself to Work Day" as a means for inviting learners to share their personalities, background, anxieties, and ambitions in a safe and supportive space (p. 230).

To the Editor

Letters to the editor discuss potential patient concerns of residents' use of mobile apps in the clinical setting (Wang and Airan-Javia, p. 232) and suggest the survey methodology of the Council of Academic Family Medicine Educational Research Alliance as a model for education research in family medicine and other specialties (Paladine et al, p. 233).

ACGME News and Views

Baldwin and colleagues present data from resident ratings of their clinical supervision and self-reported medical errors (p. 235). While the data are from 2009, the findings have the potential to inform current supervision practice.