

June 2018: In This Issue

From the Editor

Simpson and colleagues discuss job roles for medical educators, highlighting new roles as diagnostic assessors, content curators, technology adopters, learner-centered navigators, professional coaches, and clinician role models (p. 243).

Perspectives

Perspectives discuss branding in graduate medical education, including brand identity, brand image, and brand positioning, and its effective use by program leaders (Shappell et al, p. 249); legal considerations in remediation, probation, and dismissal of trainees (Lefebvre et al, p. 253); and suggestions for how to transform transient international rotations into a career in global surgery (Ranganathan et al, p. 258).

Original Research

Saudek and colleagues try to “break the code” of applicants’ letters of recommendation, finding that common phrases and the quality of the letter writing influenced program directors’ interpretation of candidate attributes (p. 261). A commentary by Nehler commends the authors for taking on a subject that is important and time-consuming for learners who request the letters, as well as the letter writers and program directors who read them, and is not well understood by the community (p. 267).

Reddy et al show expert-derived milestone rating forms somewhat improved rater agreement, with improvement inconsistent across items (p. 269). A commentary by Jones and Lockspeiser cautions about behavioral rating scales, citing content underrepresentation and demand on raters’ time (p. 276).

Ross and colleagues assessed resident performance in critical dimensions of veteran-centered care, and suggest residents would benefit from additional focused preparation (p. 279).

A study using unannounced standardized patients in an internal medicine outpatient showed variation and identified areas for improvement in the treatment of patients with depression (Zabar et al, p. 285).

Crotty et al report on residents sharing clinical notes with patients, finding that residents received feedback on notes only infrequently. They identified benefits of open notes to patients and to resident education, yet these were tempered by concerns about the added workload (p. 292).

Prenner et al show that prior knowledge about medical trainee performance data did not affect minimum passing standards determined by the Mastery Angoff procedure (p. 301).

Educational Innovation

An experiential communications curriculum can enhance resident preparedness for responding to discriminatory comments and micro-aggressions in the workplace (March et al, p. 306).

Project ECHO-Geriatrics, a series of educational teleconferences, is an innovative, feasible way to enhance geriatrics training in family medicine residents and fellows (Bennett et al, p. 311).

Johnson et al found that dedicated time for quality improvement (QI) during an internal medicine ambulatory block rotation resulted in improved QI confidence and knowledge, and sustained resident projects (p. 316).

Brief Report

DeKosky et al note that some residents have deficits in organization and efficiency that can benefit from a detailed framework and assistance with new approaches to daily work (p. 325).

Chida and colleagues present an assessment framework that revealed knowledge and practice gaps in tuberculosis diagnosis in internal medicine residents, and suggest it may be used for other infrequently encountered clinical topics (p. 331).

Rip Out

The Rip Out by Franzen and colleagues offers advice for blueprinting and other approaches to enhance the robustness of multiple-choice tests used in graduate medical education (p. 337).

New Ideas

New Ideas feature novel approaches in education, including eye-tracking technology to enhance debriefing in medical simulation (Szulewski et al, p. 340); a daily dose of humanities for residents (Potyk et al, p. 341); personal instruction to assist residents with Spanish language skills (Barr et al, p. 343); an improvement-focused approach to the morbidity and mortality conference (Goolsarran and Ottaviano, p. 344); cognitive autopsy as an approach to address cognitive bias (Mehdi et al, p. 345); patient safety education for incoming interns (Elias et al, p. 347); experiential learning to help trainees understand health care disparities (Figg et al, p. 349); how to use the offerings of employee assistance programs to enhance resident well-being (Graessle et al, p. 350); use of “teaching cases” to make new resident orientation more engaging (Nash, p. 351); exploring implicit and explicit bias through structured exercises (Poitevien and Osman, p. 353); and offering “feedback on feedback” as a tool for faculty development (Warm et al, p. 354).

On Teaching

Contributions to the *On Teaching* section address courage in education (Luciano et al, p. 356); sharing failures with others (Agapoff, p. 358); and a faculty member’s poetic gift to an intern (Winkel, p. 360).

To the Editor

A letter to the editor by Licatino and Moeschler highlights the importance and benefits of release time for trainees (p. 361).

ACGME News and Views

Rieselbach et al describe a novel proposal for new funding for graduate medical education in community health centers via state Medicaid 1115 demonstration waiver (p. 362).

Edgar and colleagues introduce the cross-specialty Milestones 2.0 for Interpersonal and Communication Skills, Practice-Based Learning and Improvement, Professionalism, and Systems-Based Practice (p. 367). Four articles presented as online supplemental material offer detailed descriptions of development of the harmonized milestones.

Deslauriers and colleagues from the Council of Review Committee Residents describe the insight and hope they gained from reviewing proposals to enhance meaning in residents’ work under the Accreditation Council for Graduate Medical Education’s Back to Bedside initiative (p. 370).