Graduate Medical Education Still Needs New Ideas

Since 2014, each June issue of the *Journal of Graduate Medical Education* (*JGME*) contains a section on New Ideas. These brief articles seek to capture novel ideas in curriculum, teaching, assessment, quality and safety, program evaluation, or other topics relevant to graduate medical education (GME). Since its inception, the emphasis for New Ideas articles is that they describe something truly *new*. "Not just new to a particular institution, specialty, or level of training, but new interventions that have not been examined in a resident or fellow training program or faculty development."[1] Over time, the *JGME* Editorial Board has further refined the selection criteria. In 2018, each submission had to meet the following criteria to be accepted for publication.

1. **Novel:** The idea needs to be new to GME. Many submissions describe well-designed activities that are new to a specific program, location, or specialty, but have already been done in GME. Objective structured clinical examinations and simulations can be novel, but need to have a new twist—we know they work when designed well. We seek to highlight innovations, not replications, in papers accepted as New Ideas.

2. **Implemented:** All New Ideas need to have been successfully implemented *at least once*. Creative ideas abound; implementation is the crucible for New Ideas.

3. **Outcomes Data:** Providing evidence to suggest that the intervention is successful is imperative and needs to include acceptability (to subjects) and feasibility (effort, costs). Omitting this data limits readers' ability to determine if this idea is potentially worthy of adoption or adaptation.

4. **Replicable/Transferable/Generalizable:** The new idea must be applicable and adaptable to at least 1 other GME specialty. While something may be truly innovative in emergency medicine or physical medicine and rehabilitation, and appropriate for a specialty journal, if the focus is truly unique to the demands or roles of that specialty then it will be of limited interest to *JGME*'s breadth of readers.

5. **Publication Ready:** New Ideas' submission to publication time is less than 7 months. Articles must be 600 words or less and structured in 3 parts: Setting and Problem, Intervention (the "New Idea"), and Outcomes to Date. Clear writing, with attention to grammar and formatting, is essential.

We invite you to read the 11 accepted New Ideas in this issue! 2018 marks our fifth year for New Ideas and we have reached a few landmarks. We have had more than 530 submissions and 72 published articles (13% acceptance rate) since 2014. Approximately 30% of the articles have focused on curriculum/instruction in areas ranging from communication, procedure, and leadership skills to child abuse and ethics. Approximately 30% of New Ideas relate to assessment (including Clinical Competency Committees), social determinants of health, patient safety, quality improvement, well-being, and associated assessment or tracking strategies. Every year we have at least 1 article focused on new approaches to faculty development and/or residents as teachers.

Let us know what you think! Tweet @JournalofGME or e-mail jgme@acgme.org.

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References

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