

# August 2018: In This Issue

## From the Editor

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In an open letter published in several journals, a group of medical education journal editors urge governments, elected officials, community leaders, and health professions leaders to end travel restrictions, in appreciation of the value global meetings can bring to the profession and education community (Sklar et al, p. 373).

In a response to an executive introduction to the 2018 Clinical Learning Environment Review (CLER) National Report of Findings, published in the ACGME News and Views section of this issue, a group of *JGME* editors debate whether encouraging health care executives to embrace CLER for its ability to leverage trainees to achieve hospital goals may suboptimize educational aims, and whether residents are in a position to offer solutions to the problems that beleaguer many teaching hospitals (Sullivan et al, p. 374).

## Special Article

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Eckleberry-Hunt and colleagues offer timely insight into the thinking and workplace interactions of Generation Z, born between 1995 and 2012, as the first members of this cohort begin to enter residency (p. 378).

## Perspectives

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Two perspectives discuss challenges and opportunities in undergraduate and graduate medical education in Puerto Rico after Hurricane Maria (Yordan-Lopez et al, p. 382, and Cruz-Jimenez, p. 385).

Dickey and Cannon offer advice for communicating and supporting colleagues and faculty after the death of a resident or fellow (p. 387).

O'Neill and colleagues provide several justifications for the benefits of family leave during surgical residency (p. 392).

## Original Research

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Two studies in this issue address disclosure of medical errors. A study of residents' preferences around disclosing errors to patients found residents are willing participants in error disclosures, but prefer to have faculty involvement and support (Singh et al, p. 394). An educational innovation by Gardner and colleagues assessed residents' error disclosure skills using standardized patients, and found variability skills and professionalism among residents (p. 438). A commentary by Vermynen and Wood notes that residents want to learn the specific skills associated with challenging communication tasks in medicine, and look to faculty for help in acquiring these skills (p. 400).

A study of resident postinterview communication experiences finds they are stressful to residents, and residents would prefer them to be less prevalent and more regulated (Berriochoa et al, p. 403). In their commentary, Deiorio and Schneider suggest that intergenerational differences, including millennials' desire for expectations, may contribute to stress (p. 409).

Siegelman and colleagues did not find gender bias in simulation-based assessments of emergency medicine residents (p. 411).

An innovative "1-to-many" peer coaching model for faculty development using videotaped teaching sessions resulted in changes in self-reported teaching attitudes and practices (Merriam et al, p. 416).

Cox et al studied geographic trends in the orthopaedic surgery residency match, which showed that trainees' hometown, undergraduate institution, and medical school influence the location of the residency program at which they matched (p. 423).

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DOI: <http://dx.doi.org/10.4300/JGME-D-18-00542.1>

Schumacher and colleagues study the influence of the Clinical Competency Committee process on milestone ratings, finding interesting and possibly troubling associations that require further study (p. 429).

## **Educational Innovation**

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An experiential curriculum in posthospital care for internal medicine residents, including exposure to home care and care in a skilled nursing facility, was feasible, with residents reporting use of elements learned 18–20 months after exposure (Miller et al, p. 442).

Graddy and colleagues show that direct observation and coaching in ambulatory settings, using a behavior checklist, is accepted by residents and contributes to learning and professional development (p. 449).

## **Brief Report**

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A transparent weighted lottery system to incentivize scholarly activity for residents resulted in sustained gains in academic productivity program-wide and for participating residents (Borman-Shoap et al, p. 455).

Smith and colleagues explored the relationship between teaching and clinical skills in residents, finding that improving residents' teaching skills may improve the care of patients (p. 459).

## **Rip Out**

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In this issue's Rip Out, Brown et al describe how to use a hackathon to generate novel ideas to address common and complex programs in graduate medical education (p. 465).

## **On Teaching**

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The On Teaching section addresses a resident's experience and learning while carrying the "stroke pager" (McQuade, p. 467), provides the perspective of an American Muslim physician (Farooqi, p. 469), and describes 1 resident's source of ongoing motivation and inspiration (Viswanath, p. 471).

## **To the Editor**

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Letters to the editor provide a commentary on the use of "medicalese" versus plain language in communicating with patients (Zeina and Abdoolraheem, p. 473), and examine entering residents' confidence and supervision needs in performing core entrustable professional activities (Smith et al, p. 474, winner of the 2018 Alliance of Independent Academic Medical Centers [AIAMC]/JGME joint juried abstract award).

## **ACGME News and Views**

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A brief executive summary of the 2018 CLER National Report of Findings offers 3 key take-away messages from a CEO perspective (Duval and Entwistle, p. 475).

Rodríguez and colleagues from the Regional Academic Medical Center in the Southwest of Puerto Rico describe their experience during and following hurricane Maria, and offer recommendations for emergency preparedness (p. 477).