

October 2018: In This Issue

From the Editor

Sullivan emphasizes the importance of review articles in moving research and practice forward, discusses the challenges of conducting good reviews, and offers practical tips (p. 481).

Perspectives

Perspectives in this issue offer 10 tested steps for residents to become effective clinical teachers and team leaders (Hunter et al, p. 488); summarize how robotic surgery skills training may expose critical gaps in resident education (Green et al, p. 491); offer a psychotherapist's point of view on interventions to enhance resident well-being (Bhe and Servis, p. 494); and present a simple actionable model for providing residents with career guidance (Byerley and Tilly, p. 497).

Original Research

Murthy and colleagues' study of early learning and practice approaches used by master clinicians shows 4 themes that provide guidance for residents, fellows, and junior clinicians interested in pursuing clinical excellence (p. 500). Auseon's commentary poses the question of whether disclosing these learning strategies leads to replication (p. 507).

Two studies discuss global health training and career experiences. Longitudinal research on the career experience of graduates of an established comprehensive global health residency found the majority were active in global health and reported planning long-term careers in the field (Palazuelos et al, p. 509). Brown and colleagues found most publicly advertised global health positions required previous experience in the field, along with broader involvement beyond clinical work (p. 517). A commentary by Thielman addresses the theme of balancing global health career aspirations, available opportunities, and other life goals (p. 522).

A longitudinal study by Raimo et al finds emotional distress in residency was associated with distress and burnout in practice 10 years later (p. 524).

Williamson and colleagues show that assessments utilizing the Maslach Burnout Inventory correlate with simpler instruments that can be used to assess resident well-being on an ongoing basis (p. 532).

A study of formal versus informal faculty entrustment decisions for Dutch obstetrics and gynecology residents suggests supervising faculty physicians need to resolve how they want to use formal and informal entrustment, and how the 2 forms complement each other (van Loon et al, p. 537).

Hudson et al explore the relationship between the American College of Osteopathic Family Physicians In-Service Examination series and the osteopathic licensure examination, and discuss the use of licensing examination data as part of a holistic resident selection process (p. 543).

Page and colleagues show variations across family medicine residency programs' performance on Triple Aim measures, which were stable over time and were not explained by patient, population, or residency program characteristics (p. 548).

Educational Innovation

Douglas et al describe a simulation training intervention that gave residents the opportunity to conduct a brain death examination and discuss the diagnosis with family members, which improved resident skills (p. 533).

A study of internal medicine residents' experience with a 5-month ambulatory patient panel management curriculum finds that it is feasible and residents reported providing improved patient care (Strout et al, p. 559).

DOI: <http://dx.doi.org/10.4300/JGME-D-18-00693.1>

Miller and colleagues describe a quality improvement and patient safety curriculum that was acceptable to residents, feasible in 3 specialties, and associated with increased event reporting by postgraduate year 1 residents (p. 566).

An important negative study of a new tool did not offer validity evidence for its use in objectively assessing residents' clinical leadership skills (Oza et al, p. 573).

Brief Report

A procedure coordinator resulted in substantial increases in resident-performed procedures and numbers of internal medicine residents credentialed in bedside procedures (Gorgone and colleagues, p. 583).

Rama et al find the appreciative inquiry technique is an innovative and feasible approach to program evaluation that can identify actionable areas for improvement in smaller programs (p. 587).

A study of resident sleep patterns finds objective sleep data correlated with residents' subjective assessment of fatigue and the volume and type of pages received; senior residents received fewer pages and spent less time awake per page (Ludvigson et al, p. 591).

Rip Out

Maggio and Artino summarize strategies for staying up-to-date with the burgeoning volume of medical education literature (p. 597).

On Teaching

Huecker discusses how visual and physical cues are used in decision-making by a master clinician in emergency medicine (p. 599); Su describes an unusual admission to the medicine inpatient unit (p. 601); and Kovach and Ettleson report on the rapid transition and significant growth from intern to second-year supervising resident (p. 603).

To the Editor

Viswanath emphasizes the continued importance of a personal thank you note after a residency program interview (p. 605).