

December 2018: In This Issue

From the Editor

“There is nothing as practical as a good theory.” An editorial by Artino and Konopasky discusses ways learning and instructional design theories can guide educators in graduate medical education (p. 609).

Perspectives

Perspectives offer guidance on effective approaches to manage rumors and gossip in graduate medical education programs (Rahmani, p. 616); expand our thinking about resident burnout by considering role strain and role conflict (Varpio et al, p. 620); offer new insights on the educational value of the most challenging patient encounters (Chung, p. 624); and suggest practical strategies for the 10-Year Accreditation Site Visit (Morris et al, p. 626).

Reviews

Kwan and colleagues’ review of work-based assessment of medical professionalism identifies 2 instruments with acceptable psychometric properties and utility for use in teaching settings (p. 629).

Original Research

An exploration of the attitudes and behaviors of internal medicine and medicine-pediatrics residents regarding their educational debt identifies 3 groups: concerned-engaged, concerned-unengaged, and unconcerned-unengaged (Wong et al, p. 639).

Kruszewski and Spell used the Delphi technique to identify 30 competencies for quality improvement and patient safety relevant across the continuum of physician practice (p. 646).

Two existing validated tools can offer new insights into residents’ perceptions of their learning environment, offering actionable information on perceptions of psychological safety and organizational support (Appelbaum et al, p. 651).

Endo et al conducted a needs assessment of formal and informal curricula in dermatology to assess for coverage of key areas relevant to the dermatology care of geriatric patients (p. 657).

A survey of the benefits and feasibility of subspecialty tracking in obstetrics and gynecology training suggested tracking would have a positive effect, yet also identified implementation challenges (Hariton et al, p. 665).

Educational Innovation

Turner and colleagues studied a financial incentive program for trainee reporting of patient safety events and found the program feasible and effective (p. 671). Three commentaries explore incentive programs for trainees: Volpe et al suggest reporting is just the beginning, and improving safety requires acting on these reports (p. 676); Rumack highlights the intervention’s multifactorial nature, suggesting educational aspects may have contributed to increased reporting (p. 678); and Rapala discusses the efficacy of incentives and the fairness of focusing on a single group of health professionals (p. 680).

Aaron et al described a multisite sponsoring institution’s efforts to expand the Clinical Learning Environment Program’s Pathways to Excellence assessment to all clinical sites (p. 683).

A study from the Veterans Affairs health care system assessed approaches for teaching residents about complementary, alternative, and integrative medicine, and found experiential learning modules slightly more effective than lectures in promoting longer-term retention and practice change (Gragnani et al, p. 688).

Brief Report

Guerrasio and Aagaard's study of long-term outcomes of a simulation-based intervention to address unprofessional behaviors in trainees and faculty found it leads to long-term positive behavior change (p. 693).

Two reports address patient handoffs. A long-term assessment of a care transitions workshop for incoming residents showed sustained improvements in documentation (Lescinskas et al, p. 698). Zipursky and colleagues found a comprehensive bundle did not improve communication of overnight issues to the daytime team (p. 702).

Rip Out

The Rip Out by Amedee et al offers many actionable suggestions for improving Graduate Medical Education Committee meetings (p. 707).

On Teaching

Bergl dissects commonly used phrases and discusses how they may actually hamper the diagnostic and professional development of physicians (p. 709); Chao provides a personal story of adjusting to residency during the course of her intern year (p. 711); and Fitzgerald offers a thought-provoking account of her experience of the death of a patient (p. 713).

International Conference on Residency Education (ICRE) Abstracts

JGME Top Research in Residency Education

The winning abstract by Dudek and colleagues uses a grounded theory approach to analyze resident and faculty perceptions of anchors used in entrustment decisions, highlighting strengths and gaps (p. 714).

Yamazaki et al use a large data set to predict resident milestone progression, and facilitate the early identification of residents who may fail to progress to graduation targets (p. 714), and Cook-Chaimowitz et al explore how supervising faculty gender may influence emergency medicine residents' caseload and ratings of faculty (p. 715).

JGME Top Resident Research

The winning abstract by Elsey et al analyze whether the case assignments and operative experience of UK surgery residents reflects an entrustment model (p. 716).

Lees et al use semistructured interviews of surgery residents to assess the factors that contribute to trainee confidence (p. 716); Smrke and Lim describe the implementation of 3 entrustable professional activities in an oncology ambulatory setting, noting residents did not perceive this improved feedback (p. 717); Xu and colleagues assess a modified Consultation Letter Rating Scale to measure the written communication competency of geriatrics trainees (p. 717); and Arnstead et al describe a quality improvement initiative to enhance feedback frequency in an otolaryngology residency program (p. 718).

To the Editor

Letters describe a support program to assist residents and faculty dealing with adverse life events, including the death of a colleague (McAllister and Trent, p. 719); and call for expanding training in competencies relevant to the care of geriatric patients, using approaches such as the ECHO-Geriatrics project (Hart, p. 720).