In This Issue

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Merriam-Webster's dictionary defines supervision as "critical watching and directing (of activities or a course of action)."[1] Though attention has focused predominantly on limits on resident hours, New York State's regulations, the Institute of Medicine subcommittee recommendations, and the Accreditation Council for Graduate Medical Education requirements all stipulate that supervision is critical for patient safety and the education and professional development of residents. Much of this issue of *JGME* is devoted to work on supervision and the related topic of clinical teaching and learning.

Twin editorials reflect on clinical learning and practice. Abraham Verghese (p 1) discusses clinical skills as a vanishing craft and offers recommendations to reemphasize this core skill of the profession. The themes of Verghese's editorial are echoed in 2 brief personal perspectives separated by 40 years. They describe two first nights on call and how they provided the first test of the clinical skills for these newly minted physicians (Inui and Inui, p 4).

The literature on supervision in residency is relatively small, and the March issue of *JGME* adds 7 original works. Two research articles summarize the Department of Veterans Affairs' work on resident supervision. The first presents important theoretical work, describing an approach for assessing resident supervision and progressive independence (Kashner et al, p 8). Its companion article offers data from the empirical test of the model (Kashner et al, p 17).

Farnan et al (p 46) describe the University of Chicago's model of supervision to promote safe care and learning, and residents from the Johns Hopkins University surgery program present their findings on differences in resident and faculty perceptions of intraoperative supervision and teaching (Levinson et al, p 31). Baldwin and colleagues (p 37) reanalyzed data from a classic survey of first- and second-year residents to explore their perceptions for good and inadequate supervision. Two articles from the internal medicine community report on the benefits of overnight faculty presence for supervision and teaching (Trowbridge et al, p 53 and DeFilippis et al, p 57).

Works on the theme of bedside learning and care include 2 articles from the University of Oregon that describe the educational and patient care implications of postpartum rounds on an academic obstetrics service (Baldwin et al, p 62 and Segel et al, p 67). Saroyan and colleagues (p 73) used a pediatric pain management reference tool to reduce interspecialty differences in preparedness to care for children with acute pain.

This issue includes the findings of several studies that tested new assessment tools. They include assessments of the use of aseptic technique (Lypson et al, p 85), evaluation of practice-based learning and improvement using the American Board of Internal Medicine improvement modules (Shunk, p 90), and validation of a tool to measure cultural competency (Chun et al, p 96). Gigante and Swan (p 108) offer a new simple observation tool for assessment in the ambulatory setting, Barry and colleagues (p 111) report on the use of standardized patients to assess core competencies in internal medicine fellows, and Skillings (p 102) evaluates the use of a structured framework for assessing communication skills. Providing a slightly different perspective on assessment, Ogunyemi and colleagues (p 118) present the findings of their study of the relationship between measures of emotional intelligence and success in residency.

The environment and context section includes 2 articles on resident and fellow selection (Mokabberi et al, p 126 and Neely et al, p 129). Domino (p 133) reports on a needs assessment and implementation and evaluation of an academic career curriculum for fellows, and Andolsek and colleagues (p 136) from Duke University discuss their experience with using web-based resident orientation modules to replace live orientation meetings.

The "ACGME News and Views" section features 2 commentaries on supervision. Bush (p 141) lists fallacies in the conversations about resident supervision, along with suggestions for how these could be overcome. A second commentary (Philibert, p 144) suggests benefits from enhanced supervision and teaching during the patient handover, along with careful adaptation of practices from high-reliability organizations to the learning environment for residents.

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Reference

1 Supervision. *Merriam-Webster Online Dictionary.* Available at: http://www.merriam-webster.com/dictionary/supervision. Accessed January 21, 2010.