In This Issue

Editorials

An editorial by Editor-in-Chief Gail Sullivan emphasizes the value of evidence-based approaches to allow decisions about residents' and fellows' learning and professional development to be rooted in evidence. Its companion offers concrete guidance on the validity in assessment instruments used in medical education research (p. 119).

Perspectives

In a *Perspective* piece, Roberts and Williams highlight the issue of learners with performance problems who are neither dismissed nor truly remediated and who persist despite potentially dangerous behaviors (p. 127).

Original Research

Bazemore et al explore the association between graduate medical education in a family medicine program's long-standing global-health rotation and subsequent care of underserved populations (p. 130).

Dupras and faculty at the Mayo School of Graduate Medical Education surveyed resident perceptions of peer evaluation, finding that peer assessments provide useful feedback on professionalism and interpersonal and communication skills (p. 138).

Chand and colleagues used a Lean 6 Sigma approach to enhance the efficiency of collaborative, family-centered rounding. This facilitated improvements in meeting customer expectations for patient-centered care, while allowing the program to comply with duty hour limits (p. 144).

Badal et al analyzed the correlation between evaluations of anesthesiology residents and overuse of the first-person pronoun in personal statements as a potential indicator of egocentrisms, finding no relationship (p. 151).

Roberts and colleagues assessed resident knowledge of the business of medicine and health care reform. They discovered gaps in resident knowledge and an interest by residents in education about coding and billing, legal issues, and comparative health systems, preferably in brief, highly focused, interactive sessions (p. 155).

The use of an Ecological Momentary Assessment (EMA) tool allowed Willett and colleagues to collect resident input on 3 different formats of morning report. They found the EMA tool useful in guiding curricular changes and confirming successful curricular impact (p. 162).

Fromme et al surveyed programs on their "residents as teachers" (RAT) curriculum. This highlighted the benefit of a national, shared curriculum that could be tailored to fit programs' unique needs (p. 168).

A study of construct validity of 3 instruments for measuring conflict and communication styles by Ogunyemi et al found differences in behavior patterns among faculty, residents, and graduate medical education administrators, as well as geographic and cultural differences (p. 176).

Sehgal and colleagues surveyed internal medicine residents and program directors about health care charges and costs. They found internal medicine physicians do not know the costs of tests but want to improve their knowledge, suggesting educational interventions may contribute to improved cost-effectiveness (p. 182).

Educational Innovation

Sweeney and colleagues report on an innovative, mock-code curriculum that enhanced senior resident and junior resident resuscitation skills and resulted in improvements in clinical care, teaching, peer facilitation, and providing feedback (p. 188).

Salem and colleagues report on the application of an academic care model to a diabetes clinic, which provided statistically significant improvements in the proportion of patients meeting diabetic care goals (p. 196).

Wagner et al developed a checklist of hand hygiene and aseptic techniques and provided portable materials to standardize the teaching and assessment of skills. They found that retention of the checklist information on retesting was low (p. 203)

Didwania and colleagues found that simulation training improved residents' advanced cardiac life-support skills and the quality of cardiac arrest teams' responses. Simulation improved residents' adherence to established guidelines in actual events, with skills retained 1 year later (p. 211).

Kuo and colleagues describe the program development of a comprehensive curriculum for residents in pediatrics that addresses population-based approaches and social determinants of health (p. 217).

Talwalkar and colleagues describe a case-based curriculum for a weekly pediatrics primary care conference, and they report that implementation improved attendance and participation as well as the interns' self-reported participation, satisfaction, and confidence (p. 224).

Brief Reports

Haan and colleagues describe a novel program of administrative leadership development for program directors and associate program directors that is modeled on Association of American Medical Colleges guidance and seeks to support new and experienced program directors in facilitating program improvement (p. 232)

Biese et al propose a new model for chief residency, including resident leadership of resident and medical student education, and describe research and simulation used to distribute the work and to engage a larger group of senior residents in the management of the program (p. 236)

Singh and colleagues found that very brief surveys fielded to residents during morning report were useful tools for obtaining immediate feedback on conference value and that it resulted in suggestions for beneficial changes in conference format and content (p. 239).

Erlich et al describe a unique family medicine inpatient teaching service that integrates resident education with hospitalist care and is in compliance with a 16-hour limit on continuous duty hours (p. 243).

Smith and colleagues describe the work of a national task force to use Cultural Consensus Analysis to convert the 38 domains of the internal medicine milestones into active statements, to reduce the total number of domains to 12 by summarizing and combining, and to simplify the wording (p. 246).

Lin and colleagues present consensus recommendations from the Council of Emergency Medicine Residency Directors 2010 Academic Assembly on how to ensure excellent education in a crowded emergency department (p. 249)

Le-Bucklin and colleagues present a longitudinal study of a ''residents as teachers'' (RAT) curriculum and found it resulted in residents feeling better prepared for teaching, having confidence in their teaching ability, and being aware of what is expected of teachers. Residents also reported reduced levels of anxiety about teaching (p. 253).

Dowdy et al instituted an improvement process to reduce the percentage of requested appointments that were never scheduled. Their article discusses how a resident-led, team-based approach can improve scheduling and concurrently teach the ACGME competencies (p. 256).

Rip Out

In the inaugural ''Rip Out'' section, Lypson and Simpson offer a new, functional perspective on the program director's position description and responsibilities (p. 261).

Commentaries

Reed comments on the benefits of rapid assessment methods to guide curricular innovation, using the Willett et al article on Ecological Momentary Assessment (p. 162) as an example (p. 264).

A commentary on the Sehgal et al (p. 182) survey by Wolfson and Tucker stresses the importance of education on the cost of care and the complexity of the topics, and its seeming inseparability from decisions about national health care expenditures (p. 267).

ACGME News and Views

Philibert and members of a work group on patient and family centered care (PFCC) summarize the state of PFCC and offer some concrete suggestions from a conference on this topic (p. 272).