In this Issue

From the Editor

In the first of two editorials on qualitative research, Sullivan and Sargeant discuss attributes. They note qualitative approaches are useful when issues are being explored, theory is being generated rather than confirmed, and studies seek to provide an explanation (pp 449).

In their editorial on multisource feedback (MSF), ten Cate and Sargeant assert that MSF provides meaningful ways to assess competencies that are difficult to evaluate with traditional approaches, including professionalism, health advocacy, practice-based learning, teamwork and interpersonal skills (pp 453).

Perspectives

In their perspective on teaching and working with Generation Y, Eckleberry-Hunt and Tucciarone suggest that flexibility and adaptability, and understanding the life experience and outlook of this generation may avoid some challenges and frustrations (pp 458).

Terpstra and Stegeman discuss the impact of work hour reductions on surgical education in the Netherlands. They suggest there is a lower limit beyond which regulation may have a negative effect on competence because clinical learning and decision making are learned through interaction with proficient practitioners (pp 462).

Original Research

Kravet and colleagues confirm that an association between faculty peer ratings based on clinical excellence and trainee identification of faculty role models (pp 465).

Laponis et al find an association between internal medicine residents' satisfaction with their continuity experience and interest in generalist practice (pp 459).

A graduate survey finds differences in experience with newborn resuscitation for pediatricians and family physicians. Wood and colleagues suggest residents planning to locate in rural practice may benefit from added training in pediatric resuscitation (pp 475).

Schranz et al find that bedside presentation of patients and bedside teaching in the emergency department did not have a negative effect on patient satisfaction (pp 481).

Stewart and colleagues study residents' declining communication and resultant patient satisfaction and find no decline in either as residents progress through training (pp 487).

A study of internal medicine residents' confidence in evidence-based medicine by Keddis and colleagues finds low confidence in senior residents, and suggests longitudinal teaching of this subject may enhance graduates' knowledge and confidence (pp 490).

Blissett et al find that medical students making residency selection choices are influenced by family, friends, and peers, and that understanding how this shapes decision making may assist in optimizing career choices (pp 497).

Residents' exposed to unprofessional conduct scored higher on measures of burnout and cynicism, and proposed that assessing for the presence and impact of the hidden curriculum may improve resident well-being (Billings et al, pp 503).

Richmond and colleagues find challenges in the implementation of multisource feedback in graduate medical education, which related to communication, scheduling and faculty development. They suggest standardizing the implementation process to reduce the burden on participants (pp 511).

A comparison of the reliability of structured versus unstructured residency interviews by Blouin and colleagues finds structured interviews offer a more valid assessment by discriminating across dimensions, but require more interviewees and scenarios for comparable reliability (pp 517).

Educational Innovation

Joyce and colleagues describe an evidence-based curriculum for communication skills relevant to informed consent, sharing bad news and disclosing unanticipated events others may consider for adoption or adaptation (pp 524).

High fidelity simulation combined with traditional assessed didactics is effective in teaching system theory, and may result in greater retention of knowledge and a positive attitude toward systems improvement (Quairishi et al, pp 529).

Kohlwes at al describe how educational emphasis on areas such as clinical research, global health, medical education or health equity in residency in a core residency can have a positive effect on resident recruitment, satisfaction, scholarship, and board performance (pp 535).

Andrade and colleagues report that an avatar-based virtual geriatric home safety examination is a practical alternative to the traditional home safety visit (pp 541).

Gaufberg and Williams describe a program to use art images as reflective triggers for medical learners. They report that this program promotes reflection, fosters empathy, and increases appreciation for the patient experience (pp 546).

Brief Report

Alromaihi et al quantified allocation of internal medicine residents' time on a general inpatient unit, finding that paperwork and other indirect care tasks predominate over time spent on direct patient care (pp 550).

Snyder and colleagues find that practicing before a group of experienced colleagues is the most helpful way to prepare for an oral academic presentation, but wider use of this approach would require more added institutional support (pp 554).

A study finds that more than one-half of academic pediatrics departments include 1 or more clinical faculty that have or are pursuing a master's of education degree. (Turner et al, pp 558).

Reardon and colleague test a quality improvement (QI) curriculum for psychiatry residents, and find that optimizing the QI experience for residents requires longitudinal curriculum with protected time for projects and a process for faculty development pp 562).

Tuli and colleagues report that pediatric residents' learning styles differ significantly from learners in other specialties, and suggest a need for augmenting the curriculum to better reflect these differences in learner needs (pp 566).

Fletcher et al explored reasons why residents work beyond their allowed hours. She recommends that programs provide guidance to residents about the situations appropriate for the application of the new standard that allows residents to work beyond allowed hours on educational or compassionate grounds (pp 571).

RIP-OUT

Mullan, Lypson, and colleagues offer practical guidance on the development of educational goals and objectives, commenting on their importance and the link to resident assessment (pp 574).

Commentaries

In their commentary on Wood et al (pp 475), Giudice and Carraccio emphasize that training needs to have flexibility to adapt to the residents' intended scope of practice. They suggest that incorporating the educational milestones and entrustrable professional activities could assist in bridging some of these gaps (pp 577).

Belling's commentary on Gaufberg (pp 546) reconciles 2 views of the role of the humanities in medical education. She notes that a reflective exercise using art allows learners to explore cognitive and emotional operations in a setting less threatening than a personal or patient care context (pp 580).

ACGME News and Views

An ACGME survey of designated institutional officials offers a forecast of the effect of potential reductions in federal support for graduate medical education (pp 585).

An interview with 2011 John Gienapp Award winner Ralph Greco, MD, offers insights into the thinking of a noted surgical educator (pp 591).

McPhillips and colleagues describe an interactive workshop to enhance collaboration between program directors and chief residents. The workshop identified several themes useful for chief resident development (pp 593).