In This Issue

Editorials

A guest editorial by Norman, Norcini, and Bordage discusses some well-known problems with competency-based education, yet also highlights the benefits of the educational Milestones (p. 1). An editorial by Olle ten Cate discusses draft core entrustable professional activities for graduating medical students and the implications of competency-based expectations at the entry to graduate medical education (p. 7).

Perspectives

Tackett describes his experience as a medical correspondent for a news organization and the challenge of making medical research germane to a lay audience (p. 13); Prayson et al examine similarities between learning plans and business plans and how they can be used to learners' advantage (p. 15). Carter dispels common myths and misperceptions about the educational Milestones and offers a personal view of progress in resident assessment and feedback (p. 18).

Editors' Choice

Integrated Clinical Skills in Anesthesiology Residents

Sidi et al report on how simulation training can identify and address gaps in anesthesia nontechnical skills at the level of the individual learner and the program (p. 85).

Intern Communication Skills

Dine and colleagues study patient evaluations of intern communication skills, finding they add a new perspective (p. 71). In his commentary, Schuwirth discusses methodological implications, and recommends that focusing on participants in work-based assessments contributes more to the quality of these assessments than efforts to improve the psychometric properties of assessment tools (p. 165).

Palliative Care Education

Saft et al find reduced intensive care unit (ICU) use at the end of life associated with the quality of palliative care training and the use of bedside palliative care tools (p. 44). A commentary by Hurd and Curtis suggests that high-quality palliative care education and better palliative care in the ICU are linked and collectively reduce ICU when added care is futile (p. 167).

Resident Selection

Rosenbluth and colleagues find that faculty assessments of the best residents identifies a ''Zing Factor'' with limited overlap with current competency frameworks and suggest these added dimensions could inform future resident assessments (p. 106). A commentary by Schumacher discusses the implications of an interest in the ''best'' residents on educational aims (p. 172).

Didactic Teaching

Ha et al compare a traditional noon conference to an academic half-day model, finding the latter improves medical knowledge acquisition and satisfaction (p. 93). Sawatsky and colleagues report the traditional noon conference format is more effective when it addresses clinically relevant and applicable topics and occurs in a safe learning environment (p. 32).

Emotional Intelligence

Mintz and Stoller's narrative review of emotional intelligence (EI) in medicine and medical education finds EI enhances leadership skills in physicians throughout their careers (p. 21).

Noncompletion of Fellowship

Riebschleger and colleagues at the American Board of Pediatrics find that 1 of 6 pediatrics rheumatology fellows (17%) does not complete training and discuss the implications on subspecialty workforce (p. 158).

Patient Safety

Averbukh and Southern find that added supervision and resident diligence early in the year may compensate for the ''July effect'' and the negative effects of high team workload (p. 65). Segon and colleagues find that patient outcomes are not affected by rapid response teams in a community setting with 24/7 resident coverage (p. 61). Donnelly and colleagues study end of training handoffs and find those handoffs may not require a specialized format and an improvement can be readily instituted (p. 112).

Physician Well-Being

Dyrbye and colleagues describe a screening tool for physicians in distress and its use in identifying residents who may benefit from added resources or in resident self-assessment for subsequent help seeking (p. 78). Gilleland et al study after-hours electronic health record (EHR)

access by residents and find counting those hours would increase duty hour violations but do not find an association between after-hours EHR use and resident burnout (p. 151).

Program Review and Improvement

Research from Canada finds that a rigorous internal review could replace accreditation visits for stable, high-performing programs, allowing external reviews to focus on programs with performance problems identified during the internal reviews (Doyle et al, p. 55). Narayan et al study a "Clinical Skills Fair" and find it is an effective and sustainable approach to program evaluation in a continuous improvement process (p. 133).

Quality Improvement

Carek et al find that, contrary to expectations, recent family medicine residency graduates' likelihood of engaging in quality improvement (QI) in practice is not associated with their exposure to QI during training (p. 50). Gonzalo and colleagues report on a systems-focused morbidity and mortality conference that was successful in promoting multidisciplinary participation, presenting adverse events, and highlighting and discussing systems issues in a nonpunitive manner (p. 139). Yanamadala and colleagues find a web-based model for educating residents about QI was comparable in content acquisition and more efficient than traditional approaches (p. 147).

Residents as Teachers

Tofil et al use a simulation model to study fellows as teachers and identify common weaknesses, including failure to provide objectives to learners, failure to provide a summary of key learning points, and lack of inclusion of all learners (p. 127). A study from Nigeria finds that residents' teaching skills are not adequate to their role as teachers, warranting enhancement of education focused on enhancing resident teaching skills (Owolabi et al, p. 123).

Specialty Patient Care

Witzeman and Kopfman study obstetrics-gynecology residents' learning needs about treating patients with chronic pelvic pain and find preference for one-on-one clinic time and diagnostic algorithms (p. 39). Winkel and colleagues describe how a simulation-based objective structured clinical examination for obstetrics-gynecology residents enabled assessment of competencies that are difficult to measure in a standardized way and discuss the benefits of faculty debriefing (p. 117).

Social Network Use

Kesselheim et al find high prevalence of social network site (SNS) use by trainees and recommend education about appropriate and inappropriate SNS as part of resident education (p. 100). A commentary by Kind suggests use of social media in a work context as a kind of entrustable professional activity for residents (p. 170).

Typing Skills

Kalava and colleagues find that residents lacked sufficient typing skills for efficient use of EHRs, which may affect their time for learning and patient care (p. 155).

Rip Out

Promes and Wagner describe key elements of Clinical Competency Committees (CCCs) and offer practical suggestions for CCC functioning to enhance evaluation in the Next Accreditation System (p. 163).

To the Editor

Casavant comments on a recent article on faculty and resident physicians' willingness to report for duty during disaster events, recommending added clarity in institutional guidance for physicians for those types of situations (p. 174).

On Teaching

Corbelli describes her personal learning from an event in which a patient was misdiagnosed and her thoughts about the implications for the teaching and learning process (p. 175).

ACGME News and Views

A companion to the 2014 Supplement showing the educational Milestones for the 20 specialties in Phase II of the Next Accreditation System shows the architecture of the educational Milestones across all 27 accredited specialties (p. 177). Holt et al report interesting findings and trends from the ACGME Resident and Faculty Survey, including data that tap into comparable constructs (p. 183).

Recognition of Peer Reviewers

The *Journal* recognizes its reviewers in 2013 and thanks them for their contribution to the peer review process (p. 189).