Graduate Medical Education Needs New Ideas

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What has been is what will be… there is nothing new under the sun.

—Ecclesiastes 1:9[1]

New ideas pass through three periods: 1) It can't be done. 2) It probably can be done, but it's not worth doing. 3) I knew it was a good idea all along!

—Arthur C. Clarke[2]

While education mirrors most of human endeavor, with a frequent recycling of thoughts, behaviors, and fashion (mini-skirts and flared jeans come to mind), we believe that there are sufficient variations to make each wave of change unique. We believe this is true for medical education as well. To encourage and share new applications and to showcase creativity in medical education, the *Journal of Graduate Medical Education* (*JGME*) has created a new category, New Ideas. The new category is intended as an annual celebration of innovation in GME.

As our readers are well aware, GME has undergone substantial and, one might say, exponential, changes during the past 2 decades. Those changes in GME take place within the context of ongoing experimentation in the health care system and unprecedented changes in communication modalities. We do not believe in change for the mere sake of novelty. Rather, we believe that creative experimentation in the areas of patient interactions, clinical training settings, assessment modalities, experiential models of learning, and faculty development are essential for today's trainees who will practice in the "information revolution" of the digital age.[3]

This *JGME* article category will emphasize approaches that are truly new. Not just new to a particular institution, specialty, or level of trainee, but new interventions that have not been examined in resident or fellow training, or faculty development. With this first call for papers, the editors generated a "new idea" that was not fully fleshed out. In future issues, we will more clearly elaborate the criteria and selection process for this category.

With a brief turnaround time from our initial request for papers to final deadline, we were thrilled to receive 83 submissions. Papers represented a wide variety of specialties and types of interventions. Many of the submissions had quite novel titles but were less "new" in content. Others described intriguing new practices that were still very early in the implementation phase: more ideas than interventions. A few submissions described interventions that could be useful to just 1 specialty. For a few papers with robust methods and fairly complete outcomes, we recommended resubmission as a full journal article.

For this inaugural issue, 2 editors reviewed each paper and selected submissions that best fit the criteria for this category: (1) were novel; (2) had been implemented at least once; and (3) reported outcomes, though these could be preliminary (TABLE). As with all *JGME* submissions, we looked for papers that could be of interest to at least 2 specialties, included information on ethical approaches to research involving human subjects, and reported potential conflicts of interest.

In this issue, we present 18 short articles the editors believed best fit these criteria. The residency or fellowship interventions described vary enormously: long-term mentoring program for research or advocacy projects, combined training in radiology and nuclear medicine for double board certification, educational "time-out" in the operating room, online procedure-specific data to improve surgical technique, and dance movement to reinforce collaboration and how bodies learn.

At the core of resident and fellow education, caring for patients requires caring about patients[4]: doctoring is based on a relationship between people. Several of the articles echoed that theme as well. How we teach core and specialty-specific skills will continue to evolve rapidly. Through this new category of articles, *JGME* will provide a venue for early creative approaches, of which perhaps a few eventually will be adopted widely.

We hope you enjoy reading these short articles as much as we did. Stay tuned for the next call for New Ideas papers, which will likely have a submission deadline in the fall of 2014. Register at the *JGME* website (http://www.

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TABLE **Criteria for New Ideas Articles**

Criteria	Comments
Novel	A new intervention, not an application of previously reported or common practice for a different resident level or specialty
Implemented at least once	Implemented as a pilot project or full intervention
Preliminary outcomes	May be self-assessed or feasibility (costs, time) outcomes Outcomes should be more positive than negative (if intervention did not work, this is not the appropriate category)
Format	Setting and problem Intervention Outcomes to Date < 650 words, no abstract, 1 figure or table
Fits scope of journal: graduate medical education	Criterion for all *JGME* categories
Potentially of interest to 2 or more specialties	Criterion for all *JGME* categories

jgme.org/action/registration) or follow us on Twitter @JournalofGME.

References

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