In This Issue

From the Editors

In her editorial, Sullivan discusses strategies for authors when a manuscript is rejected (p. 1).

A guest editorial by Pangaro explores milestones from 2 perspectives, that of a clinician making decisions, and that of a department chair assessing the resource needs for milestone implementation (p. 4).

Perspectives

Perspectives in this issue address educating primary care physicians in the use of intrauterine devices (Sridhar et al, p. 9); negotiation skills for medical educators (Walsh, p. 12); a learner's perspective on efforts to guide students' and residents' use of social media (Wells, p. 14); an exploration of the seeming dilemma of paperwork versus patient care in residency (Siegler et al, p. 16); and praise for the benefits of cross-specialty collaboration and coordination (Bongiovanni et al, p. 19).

Original Research

Phitayakorn and colleagues report that preparation for advanced training, resident esprit de corps, faculty availability, and involvement in teaching and clinical resources are important factors in residents' selection of training program (p. 21).

Kellogg et al find that sleep loss does not affect residents' ability to make decisions to activate the cardiac catheterization lab (p. 27).

Martinez and colleagues report that an educational intervention prepares obstetrics residents to repair rare fourth-degree perineal lacerations they may not encounter during training (p. 32).

A report from the internal medicine Educational Innovations Project Ambulatory Collaborative assessed physician and patient continuity of care in ambulatory models (Francis et al, p. 36). Crow's commentary suggests the traditional concept of "continuity of care" sought in ambulatory experiences may be outmoded (p. 121).

Sisson and colleagues find better performance on a widely shared ambulatory curriculum associated with performance on the internal medicine in-training examination and the American Board of Internal Medicine certifying examination (p. 42).

Sabri et al report that residents did not perceive an improvement in didactic and procedural learning after a change from a 24-hour to a 16-hour ICU shift (p. 48).

A study of online versus in-person training in Screening, Brief Intervention, and Referral to Treatment found both effective, with in-person training more effective in teaching residents what not to do (Giudice et al, p. 53).

Bell and colleagues find that changing drug laws blur classic definitions of illegal substances for drug testing of residents and students, and recommend that programs reexamine their drug testing policies (p. 59). A commentary by Pham and colleagues highlights a need for programs to be aware of the drug testing policies of the health care systems in which they operate (p. 128).

Iannuzzi et al compare hospitalist-resident and hospitalist-midlevel practitioner teams, finding hospitalist-resident teams were more efficient and had higher patient satisfaction (p. 65). A commentary by Wynn highlights the need for systematic study of the impact of team composition in clinical settings (p. 125).

Kassam and colleagues surveyed residents at a single institution and found that a small majority had scores indicating poor well-being (p. 70).

Bartlett et al find milestone assessments offer improved feedback to residents compared to assessments using Likert scales, particularly for showing trainees' learning and professional progress (p. 75).

Weissbart and colleagues analyzed the relationship between the number of residency applications and match success, finding the current high number of application offers does not advantage applicants, and adds financial and opportunity costs (p. 81).

Educational Innovation

A longitudinal quality improvement curriculum is optimal for enhancing family medicine resident scholarly activity (Simasek et al, p. 86).

To increase discussion about advanced care directives, curriculum and the clinical environment are both important, and patients are interested in having these discussions (Allen et al, p. 91).

Brief Report

Skalski et al report that the use of standardized patients increased resident confidence with point-of-care ultrasound (p. 95). A commentary by McSparron and Smith highlights the need for thoughtful application of ultrasound technology in residency (p. 123).

Juul and colleagues report on the early implementation of clinical skills examinations in neurology, child neurology, and psychiatry training, suggesting the examinations offer an effective assessment of clinical skills with feedback to trainees (p. 98).

DOI: http://dx.doi.org/10.4300/JGME-07-01-43

Research on milestone use in hematology-oncology finds that rotation-specific entrustable professional activities are a starting point for linking competencies, subcompetencies, and reporting milestones (Shumway et al, p. 101).

Cohee et al finds similar outcomes with formal and informal selection of mentors, with both increasing mentorship without decreasing quality (p. 105).

Bump and colleagues find that a national survey of patient safety culture is useful for assessing change in trainee perceptions of local safety culture over time (p. 109).

Podolsky et al find that a mnemonic card for consult interactions increases trainee adherence to important components of an effective consultation (p. 113).

Rip Out

The Rip Out discusses faculty and curricular interventions to promote resident involvement in quality improvement (Smith and Bakshi, p. 119).

To the Editor

In the letters reporting observations from the field, Ho recommends July as a grace period on the strict enforcement of duty hour standards to allow young physicians to learn (p. 131); Eyre and Durning question whether the focus on trainees' nonclinical skills comes at the expense of clinical skills (p. 133); Luftig proposes that a "first-come, first-served" approach to residency interview scheduling may have unintended consequences for applicants and programs (p. 134); and Levin et al report on adding information on the Gold Humanism Honor Society membership to ERAS information starting with the 2016 application cycle (p. 136).

In the comment letters, Griebling and Nangia highlight the importance of humanistic gestures in times of patient grief and vulnerability (p. 132); and Moore provides a residency coordinator's perspective on Ken Ludmerer's book *Let Me Heal: The Opportunity to Preserve Excellence in American Medicine* (p. 135).

On Teaching

Sykes and Nichols point out that the language of medicine and medical education needs updating (p. 137).

ACGME News and Views

Nasca and Thomas discuss aspects and attributes of medicine in 2035, using data from the ACGME's scenario-focused strategic planning process (p. 139).

Daskivich and colleagues from the Council of Review Committee Residents present recommendations for enhancing resident wellness; they call for enhanced awareness of the stress of residency and institutional and program responses that include time for personal care and enhanced access to confidential mental health services (p. 143).