

In This Issue

From the Editors

Editor-in-Chief Gail Sullivan presents a short list of key articles and other resources for clinicians with roles as clinician-educators (p. 153).

Perspectives

A perspective from the Institute for Healthcare Improvement offers recommendations for physician education in quality and safety and suggests that quality has outpaced patient safety in the course of residents' active engagement in improvement efforts (Mate and Johnson, p. 158).

A perspective, which includes a clinical vignette, notes that handheld point-of-service ultrasound devices are useful in augmenting other diagnostic tools at the bedside (Phillips, p. 160).

Colbert and colleagues discuss challenges and opportunities for clinical competency committees in a new world of resident assessment (p. 162).

In their perspective, Bills and Ahn explore whether global health curricula have resulted in better health care with improved clinical and public health outcomes (p. 166).

Ballard et al discuss how operations research provides more science-based approaches for resident scheduling (p. 169).

Chan and colleagues offer concrete suggestions for using Google's Hangouts On Air technology for medical education (p. 171).

Reviews

A narrative review by Davis et al of the use of electronic tools supports the use of these tools; however, few studies measured patient outcomes (p. 174).

Original Research

A study of a simulation-based learning program that uses deliberate practice shows that it improved resident execution of the pediatric status epilepticus protocol (Malakooti et al, p. 181).

Focused development for leadership roles in residency redesign may help better prepare graduates for practice (Kozakowski et al, p. 187).

Dehon and colleagues report that use of the Emergency Medicine Milestones in end-of-shift evaluations may overestimate resident performance (p. 192). In a commentary, Iobst makes a number of observations about the current version of the milestones and suggests areas for future milestone development (p. 259).

Shore et al describe the use of the Delphi approach for the design of a structured curriculum for proficiency-based training in laparoscopy (p. 197).

Pettit reports that co-chief residents may benefit from formal co-orientation, clarification of expectations and decision-making processes, and feedback on their efficacy as leaders (p. 203).

Two articles report on resident perceptions of feedback. De la Cruz and colleagues found that improving resident giving and acceptance of feedback requires training, goals, standardization, qualitatively oriented encounters, one-on-one delivery, and cultivation of a feedback culture (p. 208). Reddy et al report that acceptance of feedback is influenced by teacher factors, learner factors, process, content, and context (p. 214). A commentary by Kraut et al highlights the importance of a positive culture around feedback (p. 262).

Two articles discuss work-based resident assessment and feedback. Angus et al find that a slight majority of residents having experience with traditional feedback found milestone-based feedback more helpful (p. 220); Donato and colleagues report that the Minicard direct observation identified "struggling" residents and offered useful feedback (p. 225). In her commentary, Govaerts discusses validity in work-based assessment, along with factors enhancing the acceptance of feedback (p. 265).

Educational Innovation

Lifchez and colleagues describe the use of a standardized patient encounter to assess resident professionalism and communication skills (p. 230).

Jardine and colleagues show that assessment of visual spatial and psychomotor skills can be done as part of the resident interview day (p. 234).

A structured tool (UPDATED) can assess internal medicine residents' written handoff communication skills (Martin et al, p. 238).

Providing faculty with tablet computers and peer mentoring resulted in enhanced teaching materials that are valued by learners (Narayan et al, p. 242).

Angelotti and colleagues report on a large-scale, state-funded effort to transform ambulatory primary care training to the patient-centered medical home model (p. 247).

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Brief Report

Pitts and colleagues report on direct versus remote observation and note that, despite familiarity with technology, adolescent patients prefer direct observation (p. 253).

Rip Out

The Rip Out section offers a practical guide to low-cost simulation for program directors and faculty (Ellinas et al, p. 257).

New Ideas

From *JGME*'s second set of New Ideas, 2 selections address education in quality and safety improvement. New ideas in anesthesiology describe feedback through review of camera recordings of resident performance, as well as an education toolbox. New ideas in internal medicine include a night-float curriculum and a curriculum to improve fellows' teaching skills during consultations, an "education prescription" to improve in-training scores, "Right Care Rounds" to highlight medical overuse, a game to improve resident understanding of roles in interprofessional teams, an academic half day format that facilitates learning and teaching for senior residents, and a care-transitions curriculum for hospitalists. New ideas in pediatrics include identifying patients' primary resident in the electronic health record to improve continuity, a tool to identify resident personality type, and an academy of resident educators organized to develop future clinician-educators. The New Ideas submission in diagnostic radiology describes a leadership curriculum for residents.

To the Editor

Letters to the editor in the Observations category address changes in the payment system for graduate medical education, an interactive case-based format for orientation, and a pilot study of a simulation of multiple simultaneous critical care events (beginning on p. 298). Another letter in the Observations category discusses the Accreditation Council for Graduate Medical Education (ACGME) requirements for scholarly activity (p. 299).

On Teaching

Articles in the On Teaching section include a vision for grand rounds (Ali and Saikumar, p. 304) and a reflection on the patient's experience of time in the inpatient setting (Swendiman, p. 306).

ACGME News and Views

Members of the Council of Review Committee Residents stress the need for a broad leadership curriculum for residents (Jardine et al, p. 307).

Philibert and Nasca provide the rationale for changes in the ACGME approach to the program self-study and the 10-year site visit (p. 310).