In This Issue

From the Editors

In their editorial, Drs Simpson and Sullivan address problems with knowledge transfer, where some validated educational innovations are slow to disperse, and others are readily adopted in the absence of data on their effectiveness (p. 315); a second editorial by Blanchard and colleagues offers practical strategies for submitting manuscripts describing innovations in graduate medical education (p. 318).

Perspectives

Auger and colleagues describe the challenges in medical education research, including its in situ nature, the methodological demands posed by team-based care and education, and the local settings in which both unfold (p. 326).

Authors from the Mayo Clinic offer practical suggestions for success in using videoconferences when interviewing residency applicants (Williams et al, p. 331).

Pinnock and colleagues from New Zealand and Australia discuss the use of "think alouds" in teaching and assessing clinical reasoning in residents (p. 334).

Salib and Moreno recommend that all residency programs should carve out time to teach residents the business side of medicine, at minimum, at an introductory level (p. 338).

Plante et al describe an online journal club that adopts the approach used by Wikipedia to facilitate broader learning and to overcome some of the limitations of local, face-to-face journal clubs (p. 341).

Special Essay

A special essay by Hafferty and Tilburt explores conflicting messages about the meaning of physician professionalism arising from the limits on resident duty hours (p. 344).

Reviews

A systematic review by Bolster and Rourke highlights a lack of evidence that duty hour limits have improved patient safety, resident education, or resident well-being (p. 349).

Original Research

Levy and colleagues demonstrate how a simple-to-administer, verbal instrument can be used to assess trainee preparedness to discuss advance care planning with patients (p. 364).

Research by Smrtka et al suggests that duty hour limits and the shift from open procedures to laparoscopic procedures may both contribute to increased operative time for cesarean sections (p. 369).

A randomized trial shows that an online bone health curriculum can change resident clinical behaviors to improve care (Dolan et al, p. 376). The commentary by Butler and Raley suggests that robust studies like this randomized trial are needed to improve the evidence base for educational interventions (p. 483).

Advice to residency applicants showed that recommendations focused on maximizing student competitiveness and program fit, while recognizing key decision points in the application process (Chretien et al, p. 382). In her commentary, Aagaard writes from her own experience of advising medical students and suggests how students should spend their fourth year as an added domain of advising (p. 486).

Primary care residents' knowledge deficits and low self-efficacy for providing obesity, nutrition, and physical activity counseling suggest a need for more training and a deeper understanding of effective curricula

DOI: http://dx.doi.org/10.4300/JGME-07-03-42

and experiences (Smith et al, p. 388). A commentary by Eisenberg offers a look forward to 2040 on this curricular element (p. 489).

Byrne et al find duty hour falsification among residents; reasons include residents' concerns about program accreditation and about individual consequences (p. 395).

Gupta and colleagues report on a decline in procedural experience that may necessitate new strategies to improve resident skills (p. 401).

A simple intervention improved discharge instructions and reduced medication discrepancies for internal medicine residents (Arundel et al, p. 407).

Educational Innovation

A mentoring program by senior residents improved students' perceptions of their obstetrics and gynecology experience (Sobbing et al, p. 412).

Golbus et al describe a dedicated curriculum for night float residents that is sustainable and includes differential diagnoses, diagnostic pitfalls, and managing clinical problems (p. 417).

A dedicated curriculum to address nonclinical learning needs of residents focused on residents as teachers; safety and quality improvement; health care law, ethics, and policy; and leadership (Nagler et al, p. 422).

A debriefing to address internal medicine residents' emotional response to the death of their patients is feasible and can be adapted to other clinical settings (Eng et al, p. 430).

An online journal club that discussed medical student acceptance of resident feedback showed the feasibility and utility of this new medium and produced crowdsourced resources for residents as teachers (Sherbino et al, p. 437).

Himelhoch and colleagues report on a formal course in systematic reviews and meta-analyses that enhances residents' research skills and academic productivity (p. 445).

Brief Report

Brief reports address a scheduling model that accounts for resident preferences (Chow et al, p. 451); a longitudinal ultrasound curriculum for internal medicine residents (Kelm et al, p. 454); use of the Kalamazoo Adapted Communications Checklist during a resident objective structured clinical examination (OSCE; Porcerelli and colleagues, p. 458); a program to improve communication at hospital discharge (Shaikh and Slee, p. 462); curricular variation in allopathic, osteopathic, and dually accredited family medicine programs (Mims et al, p. 466); an OSCE to improve the assessment communication and acute resuscitation skills in senior pediatrics residents (Mangold and colleagues, p. 470); and symptoms of post-code posttraumatic stress disorder in residents who participated in cardiopulmonary resuscitation events (Kolehmainen et al, p. 475).

Rip Out

The Rip Out in this issue offers step-by-step instructions for creating an online journal club (Lin and Sherbino, p. 481).

To the Editor

Four *Observations* from the field address feedback, scholarship, gross anatomy, and clinical competency committees (beginning on p. 492).

On Teaching

Essays in this section discuss an international graduate's transition to the United States (Chaiban, p. 498); and the learning facilitated in a medical school anatomy laboratory (Sharfman, p. 500).

ACGME News and Views

Guralnick and colleagues offer practical guidance and a wealth of tools for conducting a program's self-study (p. 502); and Holmboe and Hamstra report on early milestone data and its implications for resident assessment and feedback to residents (p. 506).