In This Issue

From the Editor

Maggio and colleagues offer guidance on how to conduct an accurate, relevant, and current review of the literature as a starting point for research and a key component of a successful publication (p. 297).

Special Section

Several articles focus on the rapidly growing number of residency applications, providing the views of 2 undergraduate medical education leaders (Gliatto and Karani, p. 307); a recent medical school graduate (Putnam-Pite, p. 311); a program director (Puscas, p. 314); and 2 graduate medical education deans (Berger and Cioletti, p. 317). A related perspective suggests that applicants take advantage of the Internet to improve the information on programs available to them (Hariton and colleagues, p. 322).

Perspectives

Gagliardi and Turner discuss strategies for the use of the electronic health record in teaching settings that encourage intellectual curiosity and accuracy in charting and reporting (p. 325).

Tevis and colleagues describe components of a successful resident quality and safety council (p. 328).

Reviews

Rosenman et al find no standardized approach to the assessment of team leadership in emergency medicine, and propose a new approach supported by the scientific evidence on teams (p. 332).

Original Research

Allred and colleagues report on the lack of published education research in cardiology and suggest a need to identify topics for study to close the gap (p. 341).

A direct observation tool for central venous catheter insertion shows good validity evidence and enhances feedback to trainees (Fleming et al, p. 346).

Lingenfelter and colleagues show that the in-training examination can be used to identify "at-risk" residents and program areas in need of improvement (p. 353).

A large sample study of COMLEX-USA and USMLE suggests comparability of the examinations useful in the context of allopathic and osteopathic students "crossing over" in their choice of programs (Sandella et al, p. 358).

A study of residents' thought processes during a simulated skill session suggests learners emphasize procedural outcomes and focus less on learning how to learn (Brydges et al, p. 364).

Smith et al show that paging reminders do not improve internal medicine fellows' conference attendance, with fellows citing clinical obligations as a common barrier (p. 372).

Educational Innovation

Salles et al report that a values affirmation intervention may mitigate the effects of stereotype threat and improve female surgical residents' performance (p. 378); a commentary by Burgess discusses gender parity and how to achieve it (p. 439).

Use of educational competency committees adapts elements of existing reviews to enhance institutional oversight of underperforming programs (Andolsek et al, p. 384).

Alford and colleagues report on a safe opioid prescribing intervention, finding that a lecture followed by an objective structured clinical examination (OSCE) had the largest impact on resident confidence and practice (p. 390).

A dedicated, multidisciplinary musculoskeletal training week improved performance of shoulder and knee examinations, as demonstrated by OSCEs (Battistone et al, p. 398).

Tentler et al report that a longitudinal quality improvement curriculum results in increased publications, improvements in quality indicators, and a positive effect on practice after graduation (p. 405).

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Ogunyemi and colleagues find use of the multiple mini-interview reduces subjectivity and reliance on standardized scores in obstetrics-gynecology resident selection, and increases cultural fit (p. 410).

Use of a cognitive simulation exercise can offer insight into anesthesiology applicants' higher-order thinking skills (Kulig and Blanchard, p. 417).

Brief Report

Brief Reports describe a program's efforts to provide feedback to residents on their skills for interviewing adolescent patients (Joukhadar et al, p. 422); internal medicine programs' practices to teach high-value care (Korenstein et al, p. 426); and mapping OSCE data to milestone assessment in multiple specialties (Baker-Genaw et al, p. 429).

Rip Out

The practical Rip Out focuses on creating and using podcasts in resident education (Ahn et al, p. 435); and the Qualitative Rip Out offers concise, useful information on approaches for integrating theory into qualitative research in medical education (Nimmon et al, p. 437).

New Ideas

New Ideas address a range of topics, including self-directed learning; faculty development for assessment and patient safety; a multidisciplinary thyroid biopsy clinic; clinical learning environment–focused walk-arounds; interprofessional care with hospital chaplains; a web-based tool for milestone assessments; a wellness initiative; ethics morbidity and mortality conference; teaching residents to use plain language for ambulatory visits; a tool to assess residents' patient education skills; resident participation in root cause analyses; reflection rounds; teaching tokens to improve residents' medical student teaching skills; and a tool for monitoring scholarly activity (beginning on p. 442).

To the Editor

In the *Comments* section, Roane suggests a need for guidance for communication following the residency application interview (p. 465); and Sharma asks for the return of the exit interview for medical students in the United Kingdom (p. 466).

Under *Observations*, Gupta and Kumar propose approaches for revamping the ERAS application process (p. 467); Patel and colleagues provide suggestions for how to integrate teledermatology into the ambulatory curriculum (p. 468); and Wecksell reflects on one institution's CLER Survey (p. 470).

On Teaching

McGoldrick expresses concerns with jarring unprofessional language in clinical settings and the lack of an appropriate response from trainees (p. 471).

ACGME News and Views

LeVan and colleagues from the osteopathic community, along with ACGME staff, offer insights and practical suggestions for osteopathic programs applying for ACGME accreditation (p. 473).

Koh et al report the results of a survey of designated institutional officials about their perceptions of the initial round of CLER visits, and changes institutions made in response to feedback received at the visits (p. 478).