In This Issue

From the Editor

Picho and Artino discuss common methodological and other flaws in educational research (p. 483); and Sullivan discusses the many mandates for residency programs and their trainees, and the importance of prioritizing learning and assessment (p. 488).

Perspectives

Sadowski and Schrager discuss career goals for educators and suggest linking goals to specific "to-do" lists to accomplish them (p. 494).

Villarreal et al describe a program to promote resident peer support and to enhance resilience (p. 498).

Gupta and colleagues make 6 recommendations to enhance the focus on ambulatory care in the education of primary care residents (p. 500).

Two perspectives focus on assessment. De Champlain and colleagues highlight the importance of an appropriate framework to determine the reliability of assessments, particularly in high-stakes contexts (p. 504); and Gebauer and Steele discuss considerations when programs use clinical performance data for resident assessment and provision of feedback (p. 507).

Reviews

A narrative review by Stork Poeppelman and colleagues identifies a framework for use of team-based learning in graduate medical education (p. 510).

Original Research

Koehler and colleagues provide evidence of effective physician retention in a state or region based on local completion of training and prior education (p. 518). A commentary by Bazemore emphasizes the value and power of local training (p. 609).

Rabinowitz et al identify 4 themes in resident perceptions of rounds and recommend maximizing clinical education and reducing inefficiencies in the coproduction of teaching and patient care (p. 523). Neelon's commentary highlights problematic aspects of the multiple aims of attending rounds (p. 613).

Fortuna and colleagues found attributes that can be influenced by programs that were strongly associated with increasing ambulatory continuity for residents (p. 532). A commentary by Hall affirms continuity is a key concept in primary care education (p. 615).

Feinberg and Clauser report that item keywords were not useful in aiding remediation after standardized testing, and offer evidence that examinees retain misinformation (p. 541).

From the Netherlands, van Loon and colleagues studied use of the generic competencies in entrustment decisions, finding decisions were largely based on residents' time in training and experience (p. 546).

Focused ultrasound training for internal medicine residents did not increase knowledge retention, but residents showed some improvement in skills (Town et al, p. 553).

The Accreditation Council for Graduate Medical Education (ACGME) 2003 and 2011 duty hour standards did not affect residents' performance on the American Board of Emergency Medicine qualifying examination (Counselman et al, p. 558).

Ogrinc and colleagues report that a quality improvement curriculum with hands-on experience can be integrated in internal medicine inpatient rotations (p. 563).

A multi-institution pilot of a mobile application for milestone assessments in family medicine finds enhanced efficiency and improved feedback quality (Page et al, p. 569).

DOI: http://dx.doi.org/10.4300/JGME-D-16-00407.1

Churnin and colleagues find higher mortality for patients with nervous system diseases and disorders after implementation of the 2003 ACGME duty hour standards (p. 576).

A Delphi study of medical education experts determines that teaching with electronic health records calls for strategies that take advantage of the technology while minimizing its drawbacks (Atwater et al, p. 581).

Educational Innovation

Moore and colleagues assessed a development program on institutional leadership provided to categorical first-year medicine residents, finding it feasible and worthy of continuation (p. 587).

A multi-source evaluation of residency and fellowship program directors adds value, with respondents reporting planned changes based on the results, and is transferrable to other institutions (Goldhamer et al, p. 592).

Brief Report

These reports address the relationship between burnout, medical errors, and professionalism (Kwah et al, p. 597); and present a tool to assess the quality of assessments based on daily encounter cards (Cheung et al, p. 601).

Rip Outs

Khadpe and Joshi offer concrete suggestions for the use of blogs in resident education (p. 605). In the qualitative Rip Out, Baker and colleagues identify ethical aspects in qualitative research (p. 607).

To the Editor

Letters suggest approaches to enhance resident continuity (p. 617); describe surgical instrument processing (p. 619); caution about overuse of automated alerts in the electronic record (p. 620); describe an experience with accreditation (p. 622); offer perspectives on the 2011 duty hour standards (p. 623); and discuss Facebook etiquette for learners and supervising physicians (p. 624).

The outstanding resident poster from the Alliance of Independent Academic Medical Centers 2016 annual meeting assesses ethnic disparities and outcomes for colon cancer patients (Sequera and colleagues, p. 625).

On Teaching

Mehta and Wright discuss learning to diagnose and care for the whole patient (p. 627); and Cruz-Jimenez presents an account of feelings of grief and loss following the death of a resident (p. 629).

ACGME News and Views

JGME reissues a classic study of the association between work hours and sources of resident learning (Baldwin and Daugherty, p. 631).

Weida et al explore resident attitudes toward the ACGME, and share recommendations for outreach to the resident community to improve perceptions. (p. 640).