

December 2017: In This Issue

From the Editor

In their editorial, Phillips and Artino discuss a study by Yock and colleagues and highlight common flaws in the design of surveys used in medical education research (p. 677).

Published as a supplement to the issue, a guest editorial by Weinstein introduces the Sponsoring Institution 2025 Task Force report and offers predictions for sponsoring institutions, including a focus on accountability for the value of graduate medical education (p. 680).

Perspectives

Chervenak et al make a case for increasing gender diversity in specialties and programs selected predominantly by female trainees (p. 685).

Humphrey-Murto and colleagues provide assessment “pearls” for competency-based education, beginning with sampling, and ending with the need to overcome the illusion of “perfect assessment” (p. 688).

Special Article

Nasca and members of the ACGME Duty Hours Task Force summarize components of the 2017 common work hour standards and discuss the rationale (p. 692).

Reviews

Dai and colleagues analyze the literature on crowdsourcing in surgical skills acquisition, finding acceptable correlations in expert and crowdsourced judgments of competence, with crowdsourced feedback more efficient and cost effective (p. 697).

Original Research

Martin et al find that remote access of the electronic health record offers added tools for supervision of residents (p. 706). In their commentary, Fuglestad and Schenarts point out limitations in the use of the electronic health record for the clinical oversight of learners (p. 714).

Three studies and a commentary address the use of milestones in assessment. Beeson and colleagues find a concerning degree of identical scores across different subcompetencies for emergency medicine residents, particularly in the first and final years of training (p. 716). A commentary by Sherbino and Norman highlights problems with summative ratings in the assessment of dimensions of physician competence (p. 721). In the second study, shift-based assessments of emergency medicine residents show both “signal” and “noise,” with implications for educators and trainees (Chan et al, p. 724). The third study by Mainous and colleagues finds limited correlations among Family Medicine Milestone ratings that exclude medical knowledge and in-training test scores, suggesting milestones measure other dimensions of physician competence (p. 730).

A study from Singapore shows that responses on the ACGME-I Resident Survey demonstrate variation in frequency judgments for vague quantifiers like “sometimes,” especially for duty hour questions (Yock et al, p. 735).

Tchou and colleagues studied approaches for high-value care, finding pediatrics residents prefer a case-based teaching format, and intensive care unit and emergency department settings present valuable opportunities for informal teaching (p. 741).

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Educational Innovation

Kassutto and colleagues find Google Glass to be a feasible and acceptable method for capturing simulated resuscitation events, although residents voice concern about its use in actual clinical settings (p. 748).

Brief Report

A nighthawk rotation, a must-call list, and reducing conflict in team members' roles improve satisfaction with a night medicine rotation (Sadowski et al, p. 755); evaluation of subspecialty consult services by a primary medicine team results in changes in consult service structure and curriculum (Miloslavsky and Chang, p. 759); an assessment focused on remediation adds to the resources available to Clinical Competency Committees (Warburton et al, p. 763); and a resident-designed and -implemented intervention screens and tests rates for hepatitis C (Wong et al, p. 768).

Rip Out

Ogunyemi and Dupras offer practical advice on the feasibility and value of the objective structured clinical examination (p. 771).

On Teaching

Doolittle discusses the addition of "joy" as an official ACGME requirement (p. 773), and Egan describes a fire and mass casualty event involving residents, and emphasizes the need to manage the stress that follows this kind of trauma (p. 775).

International Conference on Residency Education (ICRE) Abstracts

The 3 "Top Research" papers from the Canadian ICRE recommend approaches for early detection of residents at risk of failure (Tremblay et al, p. 777); discuss consistency in programs' milestone ratings over time (Yamazaki et al, p. 777); and explore educator strategies for coping with trainee underperformance (LaDonna et al, p. 778).

The 5 winning ICRE resident research papers assess a resident-led preparation program for an advanced clinical readiness examination (Bihari et al, p. 779); report on communication skills in residents' reference letters (Chopra et al, p. 779); describe a competency-based anatomy rotation for radiology residents (Darras et al, p. 780); investigate readiness for change in clinical teaching teams (Bank et al, p. 780); and address the impact of quality management on graduate medical education accreditation (Akdemir et al, p. 781).

To The Editor

Comment letters address resident burnout (Yunyongying, p. 782); competence and entrustment (Moeller et al, p. 783); and approaches to promote mentor availability in resident-as-mentors programs (Wang and Wang, p. 784).

Letters in the observations category discuss applicant misrepresentation of publications (Jayakumar, p. 785); describe the immediate application of knowledge from a journal article (Viswanath, p. 786); plead for the reduction of exemptions in the Mohs Surgery Match (Goldman, p. 787); and report that the 2003 and 2011 ACGME duty hour standards have not been associated with changes in board certification examination performance for internal medicine residents (Bennett et al, p. 789).

ACGME News and Views

Philibert and colleagues report on cross-specialty themes for program aims, strengths, and improvement priorities for nearly 400 accredited programs that underwent a voluntary, self-study pilot site visit (p. 791).