June 2017: In This Issue

From the Editor

Sullivan suggests a role for graduate medical education to play in addressing the nation's growing health literacy gap (p. 275).

Perspectives

Perspectives discuss implications for graduate medical education due to the recent immigration executive order (Mustafa et al, p. 280); recommend a clarification of the nomenclature for rural family medicine programs (Longenecker, p. 283); lament the loss of thoroughness, and recommend reducing patient load to allow residents to slow down and truly learn clinical care (Feldman and Ludmerer, p. 287); and offer suggestions to program directors for remediating residents' deficiencies in the areas of systems-based practice and practice-based learning and improvement (Williamson et al, p. 290).

Reviews

A systematic review by Busireddy and colleagues assesses the usefulness of interventions, and finds that reduced Accreditation Council for Graduate Medical Education work hour limits were associated with improvement in emotional exhaustion and burnout (p. 294).

Original Research

Barlow et al study milestone-based assessments and determine that the use of the mode provides more robust and defensible milestone assessment of trainees than the mean (p. 302). A commentary by Peterson and Rankin asserts that the ability to assess and map resident progress using milestones will improve as the milestones become more robust (p. 310).

Research on the use of the I-PASS handoff bundle shows that resident adherence is influenced by a combination of clinical context and both individual and team factors (Coffey et al, p. 313). Price's commentary suggests that further research is needed to assess the implementation, optimal application, and sustainability of I-PASS (p. 321).

De Montbrun and colleagues find that pass/fail status on a technical skills examination predicts subsequent in-training examination performance and can be used to identify underperforming residents who may benefit from early interventions (p. 324).

A study of designated institutional officials' perceptions of the Clinical Learning Environment Review (CLER) program finds CLER to be effective in improving the learning environment, even though limited advance notice and disruptions of clinical practice are reported as common concerns (Long et al, p. 330). A response by CLER leadership explains the rationale for the limited notice (Wagner and colleagues, p. 336).

Callahan et al find that internal medicine residents' exposure to geriatric conditions and management of older adults are variable and lower than what graduates will experience in practice (p. 338).

Educational Innovation

A fellow as clinical teacher curriculum was found to be feasible and effective in improving fellows' skills in teaching residents (Miloslavsky et al, p. 345).

Foshee and colleagues find that face-to-face teaching of professionalism is the most successful approach, and that providing protected time for learners to explore professionalism is key to effective learning (p. 351).

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Brief Report

Brief Reports explore the impact of a resident writing workshop on empathy (Lemay et al, p. 357), and suggest that electronic health record systems can be used to generate performance dashboards to provide program leader data on both individual and aggregate trainee experiences (Levin and Hron, p. 361).

Rip Out

Caretta-Weyer and colleagues offer practical guidance for structuring and delivering multi-source feedback and propose that feedback is more optimal when trainees “buy in” to goals and value feedback from “credible raters” (p. 367).

New Ideas

New Ideas put forward a *Consultant Chat* in emergency medicine (Bounds and Fredette, p. 369); propose a formula for institutional support of graduate medical education programs (Baker-Genaw and Gyiraszin, p. 370); feature a simple institutional review board checklist for trainee quality improvement projects (Cioletti et al, p. 371); propose increasing resident scholarly activities through access to public datasets (Friedman and colleagues, p. 372); recommend improvements to the physical environment to advance interprofessional education in inpatient settings (Lo et al, p. 374); provide a structure for teaching residents about nutrition through an interactive workshop (Nguyen and Lo, p. 375); suggest methods for adapting the journal club to millennial learners (Rodriguez and Hawley-Molloy, p. 377); propose an innovative approach to interprofessional faculty development (Weppner et al, p. 378); recommend simulation to enhance resident preparation for meeting primary care needs of transgender patients (Greene et al, p. 380); introduce resident-level patient care quality reports (Jaffe et al, p. 381); use simulation-based approaches to enhance surgical teaching and assessment by obstetrics-gynecology residents (York-Best et al, p. 382); propose an interprofessional experience-focused curriculum (Hopkins and colleagues, p. 384); and recommend a poverty simulation to familiarize trainees with the concept of the social determinants of health (Maguire et al, p. 386).

To the Editor

A letter in the comments section offers guidance on the ideal length of educational podcasts (Cosimini et al, p. 388).

Letters in the observations section recommend activating residents' social support network as a low-cost intervention to enhance resident well-being (Kennedy and colleagues, p. 390); propose adaptations for the use of the flipped classroom model in resident education (Cooper et al, p. 392); use science fiction to discuss trainee learning styles (Leppink, p. 394); advise that education versus service may be a false dichotomy (Stoff et al, p. 395); consider residents as first authors in publications (Wei and colleagues, p. 397); describe the electronic health record as beneficial to patient safety but detrimental for medical education (Mahabadi, p. 398); advance “grit” as an important attribute of residents and fellows (Shih and Maroongroge, p. 399); ask for added clarification between entrustment and competency (Sharma, p. 400); and call for more collegiality in the learning environment (Hall and Wong, p. 401).

On Teaching

Articles in this section describe the experience and pride of a resident in the inaugural class of a new program (Viswanath and Simpao, p. 402) and air some patient presentation “pet peeves” (Cifu, p. 404).

ACGME News and Views

This article highlights overall consistency in accreditation reviews in the new accreditation system, as well as individual Review Committee emphasis on key program components (Byrne et al, p. 406).