be an achievable target for many internal medicine training programs.

3. More time spent in ambulatory settings, as opposed to inpatient services, is a logical alternative in meeting the proposed recommendations by the Council on Graduate Medical Education for reduced working hours for residents by 1990. This reform in the service responsibilities of residents may be the final push necessary to reform the educational model.

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REFERENCES

1. Kosecoff J, Fink A, Brook RH, et al. General medical care and the education of internists in university hospitals: an evaluation of the teaching hospital general medicine group practice plan. *Ann Intern Med.* 1985;102:250-7.
2. Brook RH, Fink A, Kosecoff J, et al. Educating physicians and treating patients in the ambulatory setting. Where are we going and how will we know when we arrive? *Ann Intern Med.* 1987;107:392-8.
3. Health Resource and Services Administration. Final report: assessment of the development and support of primary care residency training. HRSA, Department of Health and Human Services. Government Printing Office 201-597-92540, 1987.
4. Hanft RS. The impact of changes in federal policy on academic health centers. *Health Aff.* 1:1982.
5. Schroeder SA, Showstack JA, Gerbert B. Residency training in internal medicine: time for a change? *Ann Intern Med.* 1986;104:554-61.
6. McCarty DJ. Why are today's medical students choosing high technology specialties over internal medicine? *N Engl J Med.* 1987;317:567-9.
7. Wallace EZ. Service vs education in internal medicine residency. *Arch Intern Med.* 1988;148:1296.
8. Schroeder SA. The making of a medical generalist. *Health Aff. (Millwood).* 1985;4:22-46.
9. Health Resources Administration. Summary report of the Graduate Medical Education National Advisory Committee to the Secretary, Department of Health and Human Services. Hyattsville, MD: Health Resources Administration, Department of Health and Human Services, 1980; DHHS publication no. (HRA) 81:656.
10. Goodson JD, Goroll AH, Barsky AJ, Treadway KK, Thibault GE, Stoeckle JD. The training of physicians outside the hospital. *Arch Intern Med.* 1986;146:1805-9.
11. Branch WT. Expanded medical education in primary care — Is this the next step? *J Gen Intern Med.* 1986;1:269-70.
12. Graettinger JS. Internal medicine in the National Resident Matching Program 1978–1989. *Ann Intern Med.* 1989; 110:682.

ERRATA

There were three typographical errors in the article by Kern et al., "Residency Training in Interviewing Skills and the Psychosocial Domain of Medical Practice," that appeared in the September/October issue (*J Gen Intern Med* 1989;4: 421–31). In the first paragraph under Program Evaluation on page 426, the sentence that currently reads "Sixty-three percent of the respondents would have recommended the Med-Psych rotation to others as an 'outstanding' experience on average, the other recommendations would have been recommended so highly by only 28% of respondents." should read, "Sixty-three percent of the respondents would have recommended the Med-Psych rotation to others as an 'outstanding' experience; on average, the other rotations would have been recommended so highly by only 28% of respondents." A semicolon should be inserted after experience, and the first "recommendations" should read "rotations." On page 422 in the second sentence under Effectiveness of Training, "changed" should read "changes." In the last sentence on page 423, "and described" should read "are described." The publisher apologizes for this oversight. These errors were found by the author at galley stage but not corrected.