FROM THE EDITORS' DESK

The JGIM 2013 Medical Education Theme Issue: A Study in Diversity

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On behalf of the JGIM editorial team, welcome to JGIM's 2013 Medical Education Theme Issue! The editors were delighted to receive nearly 150 submissions to this special issue, many of them of very high quality. Narrowing this field to the articles selected for the current issue was not an easy task, and I must acknowledge the massive efforts of each of the Deputy Editors who worked on this issue. In addition, this volume of submissions necessitated significant contributions from many peer reviewers, without whose careful and timely manuscript evaluations this issue could not have taken shape. Most if not all of these individuals are members of the Society for General Internal Medicine, so this issue is truly an SGIM achievement.

So what does this issue offer you, the reader? My comments will be brief, since the best way to enjoy this set of articles will be to dive right into it. In short, this issue offers a diverse overview of many of the key issues in medical education today. A quick scan of the titles of these articles illustrates this diversity, and what follows is a walking tour.

There are several articles on ambulatory care training, including studies of the feasibility of new ambulatory care models and the role of satisfaction with continuity clinic experiences in career decisions. Of course, changes in medical education are not limited to the outpatient environment. Inpatient changes and issues related more broadly to duty hour regulation are evident in the analyses of how interns spend their time in the hospital and the relationship between patient contact and medical knowledge. As the practice of medicine evolves, medical education must also evolve. These articles demonstrate how this change can be studied. They also demonstrate the importance of attention to the interconnections between curriculum and the profession.

This issue also contains a collection of contributions on different aspects of care transitions, a topic of much current discussion in medical education at all levels of training.

There is no question that duty hour regulation has increased the importance of effective care transitions and "hand-offs" for patient safety and as educational opportunities themselves. These articles challenge us to re-evaluate how (and how early) we should train learners on these key skills, how we can best assess competency in them, and the importance of including the patient perspective as improvements are considered.

Duty hour regulations have led to less fatigue among learners, but positive impacts on patient safety and learner distress have been less clear. The study on patient mortality trends in the era of duty hour reform adds some reassurance that patient safety may not have been adversely affected by these regulations, but also makes it clear that more study is needed to better understand the full scope of the effects of these reforms. In addition, the disturbing trends on substance misuse by medical students suggest we must do a better job of supporting learners in our current education environments. Of course, the experiences of educational leaders are also important. To this end, the report on the well-being of program directors in internal medicine offers some favorable data on how well this group of educational administrators and leaders cope with their demanding work roles.

In addition to the diversity of topics contained within this set of articles, there is a diversity of study designs, including innovative pilot studies, national surveys, randomized controlled trials, and systematic reviews. The contributing authors and institutions are also diverse, with representation of both traditional academic medical centers and community-based institutions. These topics and contributors demonstrate the broad interests and expertise current medical educators possess.

Although the articles in this issue cannot definitively provide the answers to the issues facing modern medical education, they do offer great hope for the future of medical education. It is gratifying to see that so many bright scholars are studying the best ways forward. The JGIM editors hope you enjoy reading these articles. We also hope you will each take up the challenge to join these authors in helping medical education continue to advance to its fullest potential.

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