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"Can Residents Accurately Abstract Their Own Charts?"

To assess the accuracy of residents' record review, using trained abstractors as a standard of comparison, Thomas K. Houston, MD, MPH, and associates asked residents to review their own charts after they received brief instruction both on how to locate data on the medical record and how to utilize a data abstraction form. Trained abstractors then re-reviewed these charts to assess performance of preventive health care measures in medicine and pediatrics. The authors then quantified agreement between the two record reviews, and assessed sensitivity and specificity of the residents versus the trained abstractors. They found that overall resident-measured performance was similar (within 5%) to that of the trained abstractor for five of six measures in medicine and four of six in pediatrics. Relative to the trained abstractor record review, residents did not overestimate their performance. The authors conclude that residents' self-abstraction can be an alternative to that of costly trained abstractors.

"Global Health Training and International Clinical Rotations during Residency: Current Status, Needs, and Opportunities"

Physicians today must understand the global burden and epidemiology of diseases, the disparities and inequities in global health systems, and the importance of cross-cultural sensitivity. To meet these needs, report Paul K Drain, MD, MPH, and co-workers, more residents are acquiring international experience, despite inadequate guidance and support from most accreditation organizations and residency programs. International rotations broaden a resident's medical knowledge, reinforce physical examination skills, and encourage practicing medicine among underserved and multicultural populations. With feasible and appropriate administrative steps all residents can receive global health training and be afforded the accreditation and programmatic support to participate in safe international rotations. The next steps should address accreditation for international rotations and allowance for training away from continuity clinics by residency accreditation bodies, and stipend and travel support for six or more weeks of call-free elective time from residency programs.

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"A Systems Approach for Implementing Practice-Based Learning and Improvement and Systems-Based Practice in Graduate Medical Education"

The Accreditation Council for Graduate Medical Education (ACGME) initiated its Outcome Project to better prepare physicians-in-training to practice in the rapidly changing medical environment and mandated assessment of competency in six outcomes, including practice-based learning and improvement (PBLI) and systems-based practice (SBP). Prathibha Varkey, MBBS, MPH, MHPE, and colleagues describe an institution-wide curriculum intended to facilitate the teaching and assessment of PBLI and SBP competencies sponsored by Mayo School of Graduate Medical Education. An interim program director self assessment survey revealed increases in perceived ability to measure competency in SBP, the ability to provide written documentation of competence in PBLI, and the ability to provide written documentation of competence in SBP.