for poor exam performances, for “not knowing enough” in their clerkships, etc. This raises at least two questions: Are students actually interested in forgiveness? Are there quick effective self-forgiveness tools that can be utilized across the medical continuum?

In a medical humanities seminar at Oakland University William Beaumont School of Medicine, second-year students select 3 out of 20 potential topics in mind–body medicine to aid in formulating seminar content. Interestingly, despite such options as psychedelic medicine, acupuncture, and placebo/nocebo, the most popular selection was anger/forgiveness (13/24 students). In addition, 3 of these students specifically wrote their reflection paper on the topic of forgiveness. While anecdotal, these data indicate that students are open to and interested in forgiveness as it relates to patient health and self-care.

We suggest that self-reflection tools be made available online to augment any in-person peer support or counseling. However, quick and simple evidence-based self-forgiveness frameworks appear lacking. In an ongoing study here, participants listen to a short guided intervention to promote self-forgiveness. Preliminary data based on three different forgiveness scales indicate it is highly effective; for example, in response to the postintervention statement “As I consider what I did that was wrong, I have forgiven myself,” which was anchored at 1 = not at all and 10 = completely, the average score was 7.7 (n = 17, SD = 1.2).

We are excited that this self-forgiveness framework could be utilized across the medical continuum. While it is perhaps professionally “unwise” to offer this tool prior to full publication, our view is that student and physician wellness is too important to await completion of our study, and, like the authors, we wish to “create an environment that fosters continuous learning and improvement, teamwork, relational care, compassion, and wisdom.”

Disclosures: None reported.

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Reference

Paving A New Path Towards Academic Medicine—A Novel Approach to Graduate Medical Education in the United States

To the Editor: Bandiera and colleagues1 have presented a framework for residency selection that suggests that programs and institutions identify “their social mandates and establish selection criteria based on these mandates.” In this way, aligning program focus with social accountability in different programs’ selection practices will lead to an appropriately diverse physician workforce. However, simply selecting program-relevant trainees will not be sufficient to meet the needs of patients or demands on the physician workforce.

With a shortage of physicians looming in our future,2 we have become increasingly concerned about reductions in the available pool of clinician–educators to train larger numbers of future physicians. In dermatology, for example, 6% of physicians practice in an academic environment. Economic factors and issues in recruitment and retention have been identified as sources of declining numbers of dermatologists within academia.3,4 Dermatology is not alone in this. Medicine in general has experienced a reduction in the number of physicians in academic practice due to similar underlying issues.5 These problems create unwelcomed fluctuations in faculty numbers and ability to teach.

To address this critical gap in academic educators, we have proposed and are implementing a unique residency program model that emphasizes support in the transition from trainee to junior faculty member. In such a program, residency is linked to a faculty appointment at the same institution upon completion of training. Junior faculty will be provided with career development courses and structured mentorship.

While this model is not feasible for every program, there will be programs in many specialties that identify with a mandate to create academic leaders and educators. This setup facilitates selection of residency candidates with similar goals.

We are piloting such a model within our residency program with the first class to begin their three years of dermatology training in July 2016, followed by a (minimum) three-year term on faculty.6,7 We plan to provide our trainees with the tools they need to succeed as strong academic leaders and educators and, in so doing, fill a much-needed gap in the physician workforce. Such a program might similarly serve the institutional or regional needs of other specialties.

Disclosures: None reported.

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References
For Medical Literature Expertise, Ask a Librarian

To the Editor: Dr. Adler’s¹ November 2015 letter to the editor, “Medical Literature: Don’t Believe Everything You Read,” makes several critical points about evaluation of the medical literature, including the need to understand research methodology and dive deeper than press-release-ready claims to truly assess meaning and quality. Dr. Adler rightly asserts that these skills are critical to the practice of evidence-based medicine, and that numerous resources exist for better understanding the medical literature.

I write to add one vital missing piece to the evidence evaluation puzzle: medical librarians. These professionals are masters of information with specialized training in finding and evaluating the best evidence for any clinical, research, or educational scenario. They are first and best in providing education for moving beyond simplistic approaches to the targeted, more efficient expert searches that ensure that critical evidence isn’t missed. Many medical librarians apply their expertise to authoring systematic reviews and informing institutional quality and education initiatives. It is a natural fit—after all, assessing and recommending information has been a key part of librarians’ mission for centuries.

When the need arises to thoroughly and critically review medical evidence, I would highly recommend making contact with a medical librarian. In hospital systems that have reduced or eliminated medical librarian staffing, I encourage readers to advocate for restoration of these vital services. As health care continues its evolution toward interprofessional teams of experts, the medical librarian plays a vital role in providing the best and more relevant information for patient care.

Disclosures: None reported.

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