1 | THRESHOLD CONCEPTS IN MEDICAL EDUCATION: A SCOPING REVIEW

Threshold concepts transform learners’ perceptions and identity within a profession, effecting how they think and practice. A scoping review was conducted to map the emerging and evolving literature base regarding threshold concepts across undergraduate, postgraduate, and continuing medical education. It revealed how threshold concepts recur throughout professional training and development, particularly at points of transition, requiring a more sophisticated understanding or embodiment. The findings can be used as a lens to support a holistic approach to curriculum design spanning the medical education continuum.

Jones H, Hammond L. Threshold concepts in medical education: A scoping review. Med Educ. 2022;56(10):983-993. https://doi.org/10.1111/medu.14864

2 | DESIGNING THE LEARNING OF INTRAPROFESSIONAL COLLABORATION AMONG MEDICAL RESIDENTS

This paper reports on the refinement of a series of educational design principles for postgraduate training with a focus on enhancing collaboration between primary care physicians and specialists. A set of nine principles developed in a previous study were exposed to three focus groups and two work conferences. The resulting exploration led to a polished set of 12 design principles nested within three clusters: Culture, Connecting contexts, and Making the implicit explicit. The authors conclude that the principles may be used to guide the development of hospital placements that enhance collaboration.

Looman N, de Graaf J, Thoonen B, et al. Designing the learning of intraprofessional collaboration among medical residents. Med Educ. 2022;56(10):1017-1031. https://doi.org/10.1111/medu.14868

3 | A QUALITATIVE STUDY OF MEDICAL STUDENTS' PERCEPTIONS OF RESIDENT FEEDBACK

Residents are close to medical students in training and spend considerable time with them in clinical education. This qualitative study investigated resident feedback with students in the clinical learning environment. From the students’ perspective, many residents are able to create a strong educational alliance with them in which meaningful feedback conversations can occur. In an un-supportive relationship, students are less inclined to seek out and take up feedback. These feedback conversations with residents can influence both the students’ ways of working in the clinical environment and their vision of the clinician and teacher they could be in the future.

Wong SN, Luo CJ, MacDonald G, Hatala R. A qualitative study of medical students’ perceptions of resident feedback. Med Educ. 2022;56(10):994-1001. https://doi.org/10.1111/medu.14847

4 | PRESCRIBING DECISION MAKING BY MEDICAL RESIDENTS ON NIGHT SHIFTS: A QUALITATIVE STUDY

Medical residents highlighted numerous contextual contributors to decision-making and prescribing choices for potentially-inappropriate medications, such as anti-psychotics, benzodiazepines, and sedative hypnotics, on night shifts in this qualitative study. The most notable were time pressures leading to stress, perceived pressure from nurses, fears of making incorrect choices for patients or potential for criticism from the day team, which all influenced their thinking and how they make decisions. In some cases, patient clinical acuity and perceived gender bias exacerbated gaps between what residents knew to do versus what they actually did.

Lauffenburger JC, Coll MD, Kim E, et al. Prescribing decision making by medical residents on night shifts: A qualitative study. Med Educ. 2022;56(10):1032-1041. https://doi.org/10.1111/medu.14845