

Which is a better abstract – A or B?



- **Purpose:** Non-teaching services (NTS) are becoming increasingly prevalent in teaching hospitals. This study was designed to determine if the presence of an NTS is associated with higher acuity and altered case mix on the teaching services.
- **Method:** The authors explain when and how they carried out their study, the type of data sought, and where the data were obtained.
- **Results:** The differences and similarities in patients' illnesses and conditions between resident services and NTS are presented; a key limitation of the study is also discussed.
- **Conclusions:** The authors summarize the differences between the patients on the two types of services and describe the type of research that is needed to assess the effects of these differences.

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- **Purpose:** Non-teaching services (NTS) are increasingly prevalent in teaching hospitals. This study was designed to determine if the presence of an NTS is associated with higher acuity and altered case mix on the teaching services.
- **Method:** The authors conducted a retrospective, cross-sectional analysis of all general medical admissions from January 1, 2005 to June 30, 2005 at two teaching hospitals. 6,907 inpatients were studied, of whom 1,976 (29%) were admitted to resident services and 4,931 (71%) to an NTS. Hospital billing databases were used to determine patient demographics, ICD-9 diagnoses, Charlson Comorbidity Index scores, and patient disposition.
- **Results:** Compared with NTS patients, patients on resident services had higher median Charlson Comorbidity Index scores (3.0 vs. 2.0, $P < .001$), numbers of comorbidities (9.0 vs. 8.0, $P < .001$), and were more likely to require intensive care (15.5% vs. 7.6%, $P < .001$) and to die in the hospital (8.2% vs. 4.5%, $P < .001$). Patients on the resident services were more likely to have renal failure, respiratory failure, septicemia, and HIV. Residents were less likely to care for patients with primary diagnoses of chest pain, cellulitis, alcohol withdrawal, and sickle cell crisis. The differences in patients' conditions between resident and non-teaching services were similar in the two hospitals and among patients who had not received intensive care. A key limitation of this study is that one of the hospitals temporarily closed for three months during the study.
- **Conclusions:** Patients on resident services may be more medically complex and more likely to have high-acuity diagnoses than patients on NTS. How these differences affect residents' education, residents' career decisions, and practice styles deserves further study.

Is this a good abstract?

- Despite the need for a robust primary care workforce, the number of students and residents choosing general internal medicine careers continues to decline. In this article, the authors describe their efforts at the University of California, Davis to bolster interest in internal medicine careers and improve the quality of care for medically underserved populations through a tailored third-year residency track developed in partnership with the Sacramento County Department of Health and Human Services. The Transforming Education and Community Health (TEACH) Program improves continuity of care between inpatient and outpatient settings, creates a new multi-disciplinary teaching clinic in the Sacramento County health system, and prepares residents to provide coordinated care for vulnerable populations. Since its inception in 2005, 25 residents have graduated from the TEACH Program. Compared to national rates, TEACH graduates are more likely to practice general internal medicine and to practice in medically underserved settings. TEACH residents report high job satisfaction and provide equal or higher quality diabetes care than that indicated by national benchmarks.

Which is a better title – A or B?

A:

- **Retention Rates of First-Time Medical School Deans: A 50-Year Analysis**

B:

- **Have First-Time Medical School Deans Been Serving Longer Than We Thought? A 50-Year Analysis**

Which is a better title – A or B?

A:

- **The Hidden and Implicit Curricula in Cultural Context: A Revisionist Analysis from Doha and New York**

B:

- **The Hidden and Implicit Curricula in Cultural Context: New Insights from Doha and New York**

Which is a better title – A or B?

A:

- **Osler, Guilds and Community: A Renaissance in Education**

B:

- **Osler, Guilds, and Community**

Which is a better title – A or B?

A:

- **IND/IDE Support for Investigator-Initiated Clinical Research: The Clinical and Translational Science Award (CTSA) Experience**

B:

- **Support for Investigator-Initiated Clinical Research Involving Investigational Drugs or Devices: The Clinical and Translational Science Award Experience**

Which is a better title – A or B?

A:

- **Teaching Oral Health Education in U.S. Medical and Osteopathic Schools: Results of a National Survey**

B:

- **Teaching Oral Health in U.S. Medical Schools: Results of a National Survey**