

The foundation has also partnered with Costs of Care to run the Teaching Value and Choosing Wisely Challenge,<sup>2</sup> which aims to identify promising innovations and bright ideas for teaching high-value care and stewardship to medical students, trainees, and faculty. Over the past two years more than 150 entries have been submitted and a dozen winners declared.

Most recently, the ABIM Foundation funded several projects<sup>3</sup> that will foster innovations and new approaches to integrating stewardship competencies and better decision making in medical education and training.

Much work is still needed until, as the authors write, resource stewardship becomes a “norm in medical practice.” I am encouraged by the growing momentum being generated by the ABIM Foundation’s programs, as well as the work of the authors and many others, to address these challenges and help prepare future clinicians to provide the best care possible for patients.

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## Self-Determination Theory and Scaffolding Applied to Medical Education as a Continuum

**To the Editor:** In a recent article in *Academic Medicine*, Biondi and

colleagues<sup>1</sup> present the applicability of self-determination theory to resident supervision in postgraduate medical education. The authors expose a discrepancy in the level of autonomy in patient care that faculty think they provide and residents think they receive. The negative effect of this on the intrinsic motivation and clinical performance of residents, though not measured, is certainly implied. According to the authors, faculty are reluctant to provide autonomy to less confident and passive residents who are unable to “show” their motivation. A recent study shows how medical school graduates feel unprepared for practice because of a lack of enough independent experience in direct patient care.<sup>2</sup> We hypothesize that this “unpreparedness” among graduate medical students is further observed during residency as uncertainty and passiveness.

In order to solve this problem, we think that it is important to view medical education as a continuum. Scaffolding and its three cornerstones<sup>3</sup> (contingency, fading, and transfer of responsibility) should be applied throughout undergraduate and postgraduate medical education. Scaffolding will look different for each learner depending not only on the level of prior knowledge and competence but also on the level of relatedness. Successful employment of scaffolding strategies customized to learner needs demands more research into individual differences in motivation and learning. This calls for a person-oriented approach in designing studies, meaning grouping students with similar motivational profiles using cluster analysis, for analyzing learning outcomes.<sup>4</sup>

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## Alternatives to Selling a Medical School Name

**To the Editor:** Falit and colleagues<sup>1</sup> have given a comprehensive outline of strategies to address the growing phenomenon of selling a medical school’s name. They helpfully list the various stakeholders involved in selling the name of a medical school, review advantages and disadvantages to the individual stakeholders, and suggest potential ways to mitigate the disadvantages. Few could argue with the authors’ ideas; however, some might question whether we should be selling medical school names in the first place. It is worth reflecting on why this is happening and whether there are other options.

The reason why this phenomenon has occurred and is occurring more often now than ever before is simply because schools need funding. Medical education is expensive, as are research and clinical care: Institutions often have to deliver all three.<sup>2</sup> We are courting donors and taking their funding for the simple reason that they have money to give. We change the names of institutions because we think these donors want something in return and we want to give them something valuable. If this logic is all perfectly flawless up to now, it is in the next step—offering the medical school name in return for the donation—that the logic fails. The evidence suggests that large donors choose their causes for a variety of reasons.<sup>3</sup> Some give to an organization because it has sound business practices; some give because they know certain organizations are careful with their funding; some want to develop a personal relationship with the organization. Certainly some give in the expectation of public recognition, but others only give on the condition of anonymity.<sup>3</sup> Perhaps