

be an achievable target for many internal medicine training programs.

3. More time spent in ambulatory settings, as opposed to inpatient services, is a logical alternative in meeting the proposed recommendations by the Council on Graduate Medical Education for reduced working hours for residents by 1990. This reform in the service responsibilities of residents may be the final push necessary to reform the educational model.

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## ERRATA

There were three typographical errors in the article by Kern et al., "Residency Training in Interviewing Skills and the Psychosocial Domain of Medical Practice," that appeared in the September/October issue (*J Gen Intern Med* 1989;4: 421–31). In the first paragraph under Program Evaluation on page 426, the sentence that currently reads "Sixty-three percent of the respondents would have recommended the Med-Psych rotation to others as an 'outstanding' experience on average, the other recommendations would have been recommended so highly by only 28% of respondents." should read, "Sixty-three percent of the respondents would have recommended the Med-Psych rotation to others as an 'outstanding' experience; on average, the other rotations would have been recommended so highly by only 28% of respondents." A semicolon should be inserted after experience, and the first "recommendations" should read "rotations." On page 422 in the second sentence under Effectiveness of Training, "changed" should read "changes." In the last sentence on page 423, "and described" should read "are described." The publisher apologizes for this oversight. These errors were found by the author at galley stage but not corrected.