

Canadian Medical Education Journal 2020, 11(6)

Canadian Medical Education Journal

Editorial

This is a valuable editorial on assertiveness! C'est un éditorial précieux sur l'assertivité!

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Published: December 7, 2020

CMEJ 2020, 11(6) e1-e7; Available at <http://www.cmej.ca>

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<https://doi.org/10.36834/cmej.71617>

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Several recent events have made me reflect on assertiveness—the learned behaviour that occupies an uncomfortable space between passive and aggressive communication. Assertiveness falls in the middle of that spectrum of interpersonal interactions that firmly advances one's view of reality without attacking other perspectives. It is an essential component of critical and creative thinking.¹

Wikipedia presents this reasonable definition of assertiveness: “a form of behavior characterized by a confident declaration or affirmation of a statement ...; this affirms the person's rights or point of view without either aggressively threatening the rights of another ... or submissively permitting another to ignore or deny one's rights”²

An example the whole world witnessed was president-elect Joe Biden team's slow business-as-usual approach to transition while the defeated and deflated President piped out vitriolic fabricated fantasies. Mr. Biden neither played the victim nor engaged in school yard reactionary bullying. Clear, professional, determined, relentless, unperturbed. Assertive.

Recently I challenged an associate editor's decision to decline an article I helped write. Their main objection was that we did not have any empirical data. We calmly pointed out that the journal website states

clearly that they accept theoretical papers. The decision was reversed and we have submitted out revisions.

The Wi-Fi in the apartment building in Augusta where I rent was not functioning properly. The signal was not reaching my unit. The management company told me they had spent too much time and money and that if I wanted reliable Wi-Fi, I should get my own. A few days later I responded that Wi-Fi was included in the lease, that the property managers were not holding up their end of the agreement, and that this seemed like a breach of contract making me want to re-negotiate the lease for lesser rent. A few days later the Wi-Fi was working.

Several years ago, my College Review Committee denied my promotion to full professor. I appealed to the University Review Committee and was promptly promoted. The College Review Committee invited me to a meeting to figure out what happened. They said my research should be in an area different from that of my professional practice. I found the relevant section of the standards that stated exactly the opposite. Silence as it sunk in. They had misread and misinterpreted the standards.

The negotiation that most energized me was with two people representing my home city in a dispute over liability for community rinks. Our little community

association did not want to sign a contract agreeing among some standard duties and responsibilities, that we would be responsible for returning the city land on which we operated an outdoor rink to its original condition should we decide not to run the rink. That cost might have topped \$10,000—much more than our normal annual revenue. I asked the representatives of the city why a billion-dollar corporation wanted tiny community associations to bear the financial liability. I told them I did not feel like the partner they said we were. They insisted that they would exhaust every other option and the risk of having to return the land to its original state was quite small. I eventually asked: if the risk was so small then why did the City feel they needed to force the community associations to accept the risk? They brought that question back to their lawyers and the terms of the rink contracts are being re-written for all the community associations.

I am also happy to report that an author group pushed back on a decision I made. Their assertiveness and the wisdom of my editorial team caused me to change my decision. Assertiveness works in both directions. What goes around comes around.

I want to end with this example, again from American politics, this time a Republican.

“... the death knell of Trump’s presidency was sounded by a ... lawyer, looking over his glasses on a grainy Zoom feed ..., reading from a statement that reflected a courage and moral clarity ...

“We must not attempt to exercise power we simply don’t have,” declared Van Langevelde, a member of Michigan’s board of state canvassers, the ministerial body with sole authority to make official Joe Biden’s victory over Trump. “As John Adams once said, ‘We are a government of laws, not men.’ This board needs to adhere to that principle here today. This board must do its part to uphold the rule of law and comply with our legal duty to certify this election.”³

Assertive. Principled, but not self-righteous. Strong, not pushy. An ordinary hero. But a hero, nevertheless.

I may have more to say about assertiveness after I ask my boss for a raise! Our authors in this issue are assertive too. Simple. Strong. Clear. Confident. Let’s read on and find out what they have to say to us.

Major Contributions:

Elfassy and co-authors wrote “Patients as teachers: Evaluating the experiences of volunteer inpatients during medical student clinical skills training.”⁴ They reviewed the experiences of volunteer inpatients participating in clinical skills training with junior medical students. While the overall satisfaction ratings were optimal, some respondents reported a lack of information for decision making. Elfassy concluded that that more time and information for volunteer participants would have been helpful for clarity.

“Identifying essential procedural skills in Canadian undergraduate medical education” by Battaglia and team⁵ created a national survey on current Canadian procedural skills. They wanted to address the discrepancy between expectations of supervisors and the skills new residents are able to perform without direct supervision. By recognizing the essential skills, they hope to help shape future curricula standards.

In their article “Residents’ perspectives: Does the Saudi general surgery residency training program apply CanMEDS competencies and prepare future leaders?”⁶ Hadedey and her team reviewed clinical leadership and CanMEDS competencies at schools in Saudi Arabia. Their results showed satisfactory self-assessed skills and positive competencies. It shows the schools have embraced the CanMEDS framework.

Carey et al. in “Developing a dashboard to meet the needs of residents in a competency-based training program: A design-based research project”⁷ determined how to present residents’ assessment data to best support their learning. In turn, they developed CBME dashboard elements to meet these needs.

“Will I publish this abstract? Determining the characteristics of medical education oral abstracts linked to publication” by Guay et al.⁸ identified characteristics of CCME conference submissions that would predict the likelihood of full-study publications. Though overall there were low numbers of submissions eventually being published, they found that peer ratings were predictive of success.

Brief Reports:

In the report, “Cause for concern: Resident experience in operative trauma during general

surgery residency at a Canadian centre”⁹ Engels and team responded to recent publications that questioned general surgery residents’ ability to provide operative trauma care. They created a retrospective trauma operative case log for general surgery residents. They found the operative trauma surgery exposure of a typical graduating resident was limited compared to Canadian and American standards.

“Mobile medical simulation for rural anesthesia providers: A feasibility study”¹⁰ by Premkumar and team described her pilot project for mobile medical simulation scenarios in rural Saskatchewan for continuing medical education. While they found it useful to train rural participants in clinical and professional skills, it was also expensive. They hope educators will consider allocating resources for future simulation projects.

“Why you should Mini-Med School: Mini-Med School as an intervention to increase health literacy” by Shatenko, Harder, and Gair¹¹ determined if a Mini-Med School delivered by medical students would be an effective strategy to improve health literacy for the elderly. Due to the significant improvements and positive outcomes, they encouraged Canadian medical schools to use it for engagement and advocacy with communities

“Medical Assistance in Dying in health sciences curricula: A qualitative exploratory study” by Brown et al.¹² reviewed the forces involved in the inclusion of MAID, and the required resources for teaching MAID in medical education. They concluded that specific course objectives would assist the consistency of teaching MAID.

“Evaluation of the effectiveness of the Global Medical Student Partnership program in undergraduate medical education” by Samuels, Rojas-Luengas, and team¹³ evaluated the GMSP to see if it met its objectives. They concluded that the GMSP program is an important addition to extra-curricular medical education as it provides hands-on global health training and opportunities to improve skills such as communication and health advocacy.

Review Papers and Meta-Analysis:

In “A narrative review of ambulatory care education in Canadian internal medicine,”¹⁴ Gillian Spiegle and team identified the current knowledge on

postgraduate ambulatory care education (ACE). Their results, including a distinction between ACE and inpatient learning environments, highlighted the need for additional research regarding ACE in Canada to improve ambulatory internal medicine training.

“Recent evidence on visual-spatial ability in surgical education: A scoping review” by Portia Dunn and team¹⁵ conducted a review of the literature on visual-spatial ability (VSA) in surgery to identify the existing gaps. They found a correlation between VSA and surgical performance and made suggestions for how surgical educators might use knowledge of VSA to support novice learners.

“Peer mentoring in medical residency education: A systematic review” by Helen Pethrick et al.¹⁶ explored how peer mentorship promotes wellbeing in medical residency education. Through their review, they found that medical residents in peer-mentoring relationships had an increased overall satisfaction with their residency training programs.

Canadiana:

“Caring for refugees and asylum seekers in Canada: Early experiences and comprehensive global health training for medical students” by Merritt and Pottie¹⁷ described the successful Canadian Collaboration for Immigrant and Refugee Health online Global Health Training Modules. They concluded that this training is important for preparing medical students when working with refugees and asylum seekers in Canada.

“Medical education advances and innovations: A silver lining during the COVID-19 pandemic” by Mehta and co-authors¹⁸ looked at four domains of Canadian medical education that have seen substantial changes or advances during the pandemic. They discussed how these changes should be preserved beyond the pandemic.

You Should Try This:

Neufeld et al. wrote “Peers United in Leadership & Skills Enhancement (PULSE): A near-peer mentoring program for medical students.”¹⁹ They described their mentorship program that connected first year “learner-mentees” and second year “instructor-mentors.” They found that PULSE not only encouraged collaboration, it also gave the second year students valuable teaching experience.

In “Internal Medicine Enrichment and Development: A summer exploration program for pre-clerkship students” by Kobza and co-authors,²⁰ they outlined a student-led program (IMED: Internal Medicine Enrichment) that was designed to give interested pre-clerkship students a broader overview of the internal medicine subspecialties. She concluded that medical students could benefit from this type of program to make more informed decisions about residency choices.

“Mental health night: A peer-led initiative” by Hannah Kearney and team²¹ described a mental health workshop aimed at engaging medical learners in these discussions. They concluded that peer-led workshops of this nature may help with future mental health difficulties and burnout.

“A Smartphone app for intensive care unit rotation orientation” by Bednarek and team²² described a smartphone app designed to supplement learner orientation in the intensive care unit. Their survey showed a significant improvement in learner satisfaction following the app’s launch

“An LGBTQ+ mentorship program enriched the experience of medical students and physician mentors” by Beanlands and team²³ described the positive experiences of trust and community building within the Schulich School of Medicine and Dentistry LGBTQ+ mentorship program. They recommended that other Canadian medical schools implement a mentorship program to support students who identify as LGBTQ+.

Commentary and Opinions:

“COVID-19: An urgent opportunity to decrease financial barriers to medical school admissions” by Lam, Phillips, and Okafor²⁴ discussed the possibility for the crisis surrounding COVID-19 to be an opportunity to consider lowering both direct and indirect medical school application expenses. They urged schools to use this crisis to commit to diversity and social accountability.

In “Limitations in virtual clinical skills education for medical students during COVID-19” by Leung et al,²⁵ the authors discussed some of the current options for distance education in the midst of the pandemic. They found while there are advantages to some of the online options, a need still exists for more research on its effectiveness.

Kachra and Brown provided commentary on the ways medical education has thus far been impacted by the pandemic in “The new normal: Medical education during and beyond the COVID-19 pandemic.”²⁶ They provided suggestions for increased communication, collaboration, and engagement for medical educators to consider now and for a potential second wave.

Russell Dawe in “A plea for program evaluation in a pandemic”²⁷ urged medical educators to collaborate and share adaptations created during COVID-19. Dawe suggested that by evaluating strategies together, the medical education field will be stronger.

“Art of medicine, art as medicine, and art for medical education” by Patricia Dobkin²⁸ presented various forms and outcomes of art as important aspects of medical education. She proposed that utilizing art can promote healing in patients either indirectly or directly by incorporating various forms of art therapy into treatment regimens.

Kitching and team urged the development of guidelines for medical student recruitment in “The role of medical students in the COVID-19 pandemic response: A call for ethical guidelines.”²⁹ In this commentary, they called for government organizations, health authorities, and the medical community to develop ethical guidelines for student recruitment in the event of resource shortages. They acknowledged that as the demand on essential workers in the health care system increases, they need guidelines for the potential recruitment of medical students.

In “Virtually learning as we go: Reflections on medical education through COVID-19,”³⁰ Boyd and Zubairi reflected on their experiences with medical education during the COVID-19 pandemic. They stressed the importance of collaboration and shared learning.

“COVID-19, curtailed clerkships, and competency: Making graduation decisions in the midst of a global pandemic” by McLaughlin and team³¹ argued that despite the curtailment of clerkship training and missing data for assessment, it is better to graduate students when there is confirmation of readiness for reactive supervision when performing the core Entrustable Professional Activities of graduating medical students.

In “Resident physicians’ mental health during COVID-19: Advocating for supports during and post

pandemic” by Emma Gregory,³² she commented on the risk for mental health distress for physicians during the pandemic. She observed several stressors including increased work, unsafe work conditions, and cancelled leaves. She advocated for prioritizing physician well-being.

Letters to the Editor:

“Re: ‘CaRMS at 50’” by Malcolm MacFarlane³³ responded to the article, “CaRMS at 50: Making the match for medical education.” MacFarlane contended that the paper did not address the inequitable treatment of international medical graduates.

In the reply, “Response to letter to the editor ‘Re: ‘CaRMS at 50’” Turriff and team³⁴ reasserted the original intent of their article to present the five decades of CaRMS. While they are sympathetic to the concerns voiced by MacFarlane regarding the challenges international medical graduates face, they stated that CaRMS does not set those policies.

“Re: ‘Medical students’ personal experiences, religion, and spirituality explain their (dis)comfort with a patient’s religious needs’” by Michael Chaikof³⁵ responded to Schmidt et al.’s article. Chaikof wrote that he was disappointed by that study because of its portrayal of Jewish stereotypes. Chaikof encouraged future works to instead highlight the richness of the Jewish religious identity

“Reply to letter to the editor” by Schmidt and team³⁶ responded to the letter from Chaikof. They acknowledged that because spirituality and religion are deeply personal, there is the possibility of offending people. They suggested the potential for adding self-reflection exercises after sensitive topic encounters in the future. Schmidt concluded by highlighting the importance of continuing to discuss religion and spirituality with patients.

“Relief for the exhausted post-positivist: New epistemological choices transcend positivism, relativism, and even post-positivism” by Agnus McMurtry³⁷ responded to the editorial by D’Eon on post-positivism. He retorted that he does not think one needs to anchor oneself to the (elusive, maybe unrealistic) goal of pursuing universal truths.

Works in Progress:

“Evaluating the use of media on perceptions and behaviour during the COVID-19 pandemic” by Kamencic and team³⁸ will study public media used during the pandemic, and how it impacts anxiety and engagement in recommended health practices. They intend for their study to help the public health sector effectively deliver important information while minimizing anxiety and misconceptions.

“Virtual care rotation for internal medicine residents during the COVID-19 pandemic” by Nham, Tabatabavakili, and team³⁹ implemented an Ambulatory Virtual Care Rotation (AVCR) for residents in the COVID-19 Phone Assessment Centre (CPAC) and General Internal Medicine (GIM) clinics. They plan to increase exposure to subspecialty medicine. They want to incorporate it into residency regardless of the pandemic in order to integrate new models of care into everyday medicine.

“Medical student stress and burnout: Before and after COVID-19” by Stacey, D’Eon, and Madojemu⁴⁰ seeks to compare levels of stress and burnout in medical students in the summer of 2020, 2021, and 2022 with the data they already collected in 2019. They intend to use their research results to help medical education leaders take action.

“Development and use of a Virtual Objective Structured Clinical Examination” by Silverman and Foulds.⁴¹ They proposed that in light of COVID-19, certain parts of the Objective Structured Clinical Examination (OSCE) for post-graduate medical trainees could be done using videoconference systems (VOSCE). They hypothesize that certain skills such as taking patient history, clinical reasoning, and communication with patients and families could be successfully replicated using online systems

Images:

Julia Miao and Kathleen Miao presented their artwork in “Symphony of healthcare: Teamwork in medicine.”⁴² Their image, *Organs in Orchestra*, portrayed various organs and the diverse experiences in medicine.

Enjoy!



Marcel D’Eon, MEd, PhD
Editor, CMEJ

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